



**modivcare**



**DELAWARE HEALTH AND SOCIAL SERVICES**  
Division of Medicaid & Medical Assistance

**CONSENT AND RELEASE OF LIABILITY**

Please Fax Form To: 877-813-5599

1. I, \_\_\_\_\_ residing at \_\_\_\_\_ (address) hereby affirm that I am the legal guardian of (name of minor) \_\_\_\_\_.

2. \_\_\_\_\_ (name of minor) is \_\_\_\_\_ years old. His/her birth date is \_\_\_\_\_.

3. I consent to \_\_\_\_\_ (name of minor) riding with any transportation provider under contract with Modivcare, in connection with his/her transportation for non-emergency medical services.

4. By giving this consent and release of liability, I hereby represent that \_\_\_\_\_ (name of minor) is fully capable of being transported without an adult escort, will not be disruptive, will follow all rules communicated by the driver, and does not need an escort to provide emotional or any other type of support.

5. I understand that if any of the factors set forth in paragraph 4, above, cease to apply, then Modivcare will no longer transport the minor without an escort.

6. I agree to inform Modivcare within 48 hours if for any reason I am no longer the legal guardian of \_\_\_\_\_ (name of minor) and to inform Modivcare of the name and address of the new legal guardian.

In consideration of Modivcare's agreement to transport the minor without an escort, I hereby release Modivcare and its employees, officers, agents, and subcontractors from any and all liability, causes of action, or claims in connection with his/her transportation by Modivcare and its subcontractors.

SIGNATURE OF GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

PRINTED NAME OF GUARDIAN \_\_\_\_\_

NAME OF MINOR FOR WHOM CONSENT APPLIES \_\_\_\_\_

RESPECT • TRUST • RELIABLE • COMPASSION • SAFETY • TRANSPARENCY

<b>FOR INTERNAL USE:</b>	
_____	_____
<b>DATE RECEIVED BY MODIVCARE</b>	<b>MODIVCARE STAFF MEMBER</b>