



CalOptima Health

Transportation of a Minor Consent Form

I, _____ (*insert parent or guardian name*), grant permission for my minor dependent, _____ (*insert member name*), to be transported by CalOptima Health's Non-Medical Transportation (NMT) or Non-Emergency Medical Transportation (NEMT) service providers. I understand that by granting permission I am allowing transportation service providers to transport my minor dependent to approved appointments without an accompanying parent or legal guardian.

I have read and understand the Transportation of a Minor Consent Form. I hereby authorize CalOptima Health's NMT or NEMT provider to transport the minor dependent named above.

As the parent or legal guardian, I remain legally responsible for any personal actions taken by the minor named above.

The Transportation of a Minor Consent Form is valid for 1 year from the signature date.

Minor Dependent Last Name: _____

Minor Dependent First Name: _____

Minor Dependent CalOptima Health CIN: _____

Minor Dependent Date of Birth: _____

Print Parent or Legal Guardian Name: _____

Date: _____

Signature of Parent or Legal Guardian

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Please email this form to mcalenrollment@caloptima.org.