



200 Lincoln Way, Suite 200 Garden Grove, CA 92841
Phone: 1-866-529-2128 Fax: 1-877-601-0535

Consent for Minors to Travel without an Escort

1. I, _____, residing at _____
_____ (Address) hereby affirm that I am the Parent/ Legal Guardian of _____ (name of minor.) (Child).
2. The Child is _____ years old. The Child's date of birth is _____.
The Child's Medi-Cal number is _____.
3. I hereby consent to the Child riding unaccompanied for medical and non-medical transportation with any transportation provider under contract to ModivCare.
4. I understand the risks that can be reasonably anticipated by medical and non-medical transport of the Child including possible medical equipment, aircraft, vehicle failure, traffic hazards, adverse weather conditions, pilot or driver error, interruption of medical treatment during transport, or consequences of actions of persons outside the control of transport personnel. I also understand the risks associated with the Child's condition including the possible worsening of the Child's condition during transport or the inability to fully treat or diagnose due to unavailability of more sophisticated medical equipment or facilities not normally available during transport. I consider the above risks of transport are outweighed by the advantage of the Child receiving transport.
5. By giving this consent and release of liability, I hereby represent that the Child 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.
6. I understand that if any of the factors set forth in paragraph 5, above, cease to apply, then ModivCare will no longer transport the minor without an escort.
7. I agree to inform ModivCare, within 48 hours if, for any reason, I cease being the Legal Guardian of the Child 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, caused of actions, or claims, in connection with the Child's transportation by ModivCare and its subcontractors. I understand the content of this form and have been notified of the risks of transport.

Mail the completed form to the address listed above or fax to the fax number listed above. The completed form must be on file at the ModivCare office for any trips to be set up without an escort for the Child. **Once a completed consent form is on file, it is considered to be active and valid for all transports until the consent is withdrawn.**

SIGNATURE OF GUARDIAN
DATE

PRINTED NAME OF GUARDIAN

NAME OF MINOR TO WHOM THIS CONSENT APPLIES

WITNESS SIGNATURE
DATE

PRINTED NAME OF WITNESS

I have accurately and completely read the foregoing document to Parent/Legal Guardian in _____ (insert language), the Parent's/Legal Guardian's primary language. He/she stated that he/she understood all of the terms and conditions and acknowledged his/her agreement thereto by signing this document in my presence.

Date

Name of Translator

For internal use only:

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DATE RECEIVED BY MODIVCARE

NAME OF MODIVCARE STAFF MEMBER