



modivcare



**Modivcare Solutions
4149 Highline Blvd. Suite 200
Oklahoma City, OK 73108**

CONSENT AND RELEASE OF LIABILITY

Please Fax Form Back To: 800-597-2091

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 cease being the legal guardian of _____ and to inform Modivcare of the name and address of the new legal guardian.

In consideration of Modivcare's agreement to transportation of the minor without an escort, I hereby release Modivcare and its employees, officers, agents, and subcontractors from any and all liability, causes of actions, 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

FOR INTERNAL USE:

DATE RECEIVED BY MODIVCARE

MODIVCARE STAFF MEMBER
