

LogistiCare

12234 N I-35, Bldg. B, Austin, TX 78753
Phone: 1.877.633.8747 Fax: 1.855.864.0970

Consent for Minors (15 to 17) to Travel Without an Escort

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 date
of birth is _____. His/her Medicaid number is _____.
3. I consent to _____ (name of minor) riding unaccompanied when
traveling to and from facilities for Medicaid or CSHCN covered services with any transportation
provider under contract to LogistiCare, 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 LogistiCare
will no longer transport the minor without an escort.
6. I agree to inform LogistiCare, within 48 hours if, for any reason, I cease being the legal guardian of
_____ (name of minor) and to inform LogistiCare of the name and
address of the new legal guardian.

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

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 LogistiCare office for any trips to be set up without an escort for the minor child.

SIGNATURE OF GUARDIAN

DATE

PRINTED NAME OF GUARDIAN

NAME OF MINOR TO WHOM THIS CONSENT APPLIES

WITNESS SIGNATURE

DATE

PRINTED NAME OF WITNESS

For internal use only:
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DATE RECEIVED BY LOGISTICARE

NAME OF LOGISTICARE STAFF MEMBER