



12234 N 1-35, Bldg. B, Austin, TX 78753
Phone: 877-633-8747 Fax: 877-564-9833

Consent for Minors (15 to 17) to Travel without an Attendant

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 _____. CSHCN number is _____.
3. I consent to _____ (name of minor) riding unaccompanied when traveling to and from facilities for Medicaid or CSHCN-covered services, 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 attendant, will not be disruptive, will follow all rules communicated by the driver and does not need an attendant 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 attendant.
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 attendant, I hereby release LogistiCare and its employees, officers, agents and subcontractors from any and 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 attendant 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