

Parent or Guardian:

In order for us to comply with our contractual obligations with MaineCare, we are required to obtain annual consent forms to transport children.

The enclosed consent and release of liability must be completed in **full**, signed and dated and returned to our office by as soon as possible so your child can continue rides when needed without an escort.

Once received signed and complete, the form will remain in effect for one year from the date of receipt.

You must **complete all lines** of the form. **You must also indicate approved modes of transport.**

If this form is not received completed by this day, child's transportation will cease until this form is received.

## Consent and Release of Liability

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 to 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 \_\_\_\_\_ 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 transport 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.

If any information on this form changes, the guardian is responsible for notifying Modivcare immediately and resubmitting a new consent form.

\_\_\_\_\_  
SIGNATURE OF GUARDIAN \_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF GUARDIAN \_\_\_\_\_  
NAME OF MINOR FOR WHOM CONSENT APPLIES

### Acceptable Modes of Transportation

(Please check modes of transport your child can use)

- \_\_\_\_\_ Volunteer Driver
- \_\_\_\_\_ Taxi Provider
- \_\_\_\_\_ Commercial Provider
- \_\_\_\_\_ Public Transit
- \_\_\_\_\_ Family and Friends
- \_\_\_\_\_ Facility staff/Vehicles

Specify who can receive the unescorted minor (Must specify name)

At residence: \_\_\_\_\_

At Facility: \_\_\_\_\_

**\*Emergency Contact**

**Information:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(must be completed)

FOR INTERNAL USE:

\_\_\_\_\_  
DATE RECEIVED BY Modivcare \_\_\_\_\_  
Modivcare STAFF MEMBER