

Consent form for minor to travel unaccompanied



modivcare



Utah Department of
Health & Human Services
Integrated Healthcare

I, _____ (parent/guardian name), give permission for my minor dependent, _____ (member's name), age _____ (16 or 17 only), to be transported by Modivcare Non-Emergency Medical Transportation (NEMT) providers.

I understand that by granting permission, I am allowing transportation service providers to transport my minor dependent to approved medical appointments without an accompanying parent or legal guardian.

I have read and understand the consent form for a minor to travel unaccompanied. I hereby authorize Modivcare to transport the minor dependent named above. As the parent or legal guardian, I remain legally responsible for any personal actions taken by the minor named above.

This form is valid until the minor dependent turns 18 years old or after two years from the signature date, whichever comes first.

Minor dependent last name: _____

Minor dependent first name: _____

Minor dependent Utah Medicaid ID number: _____

Minor dependent date of birth: _____

Print parent or legal guardian name: _____

Signature of parent or legal guardian: _____

Date: _____

Emergency contact name: _____

Emergency contact phone number: _____

Fill out and return this form to:

Email: UTExceptions@modivcare.com

Mail: Modivcare Facility Department, 4615 E. Elwood Street, Suite 300, Phoenix, AZ 85040
(Allow 7-10 days processing time for mail)

Fax: (877) 637- 9079