ModivCare | Miami, Florida Operations
7900 Oak Lane, Suite 400, Miami Lakes, FL 33016

CONSENT AND RELEASE OF LIABILITY

Please Fax Form To: 866-779-5242 or Email Form To: FLStandingOrder@modivcare.com

1. I, _____(*legal guardian name*) at _____ (*street, apt. #, city, state, zip*) home address, affirm that I am the legal guardian of (*name of minor*) _____.

2. _____ (*name of minor*) is_____ (*age of minor*) years old. His/her birth date is _____(*MM/DD/YY*).

3. I agree to _____ (*name of minor*) riding with any transportation provider under contract with ModivCare, for his/her transportation for non-emergency medical services.

4. By giving consent and release of any liability, I ensure that _____(*name of minor*) is:
    1. fully capable of being transported without an adult escort,
    2. will not be disruptive to the driver or passengers,
    3. will follow all rules communicated by the driver;
    4. and does not need an escort to provide emotional or any other type of support.

5. I understand that if any of the factors in paragraph 4, listed above, cease to apply, ModivCare will no longer transport the minor without an escort.

6. I agree to inform ModivCare within 48 hours if for any reason I am no longer the legal guardian of _____ (*name of minor*), and to inform ModivCare of the name and address of the new legal guardian.

As part 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 action, or claims in connection with his/her (*minor*) 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