

# Consent form for minor to travel unaccompanied



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:** \_\_\_\_\_

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## Fill out and return this form to:

**Email:** [UTExceptions@modivcare.com](mailto: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