

Minor Consent to Travel Form



This authorization form must be completed by a parent or legal guardian before a child between the ages of 12-15 can travel without an adult escort or aide.

| MEMBER INFORMATION | |
|--------------------|----------------------------|
| First Name | Last Name |
| Medicaid ID Number | Date of Birth (MM/DD/YYYY) |

| PARENT / LEGAL GUARDIAN INFORMATION | |
|-------------------------------------|--------------|
| First Name | Last Name |
| Email | Phone Number |
| Relationship to Member | |

I, do hereby affirm and attest that I am the parent or legal guardian of the above stated minor child. To the best of my knowledge, this child is eligible to receive TCHP / Medicaid services, including transportation under the Non-Emergency Medical Transportation (NEMT) program operated by Veyo under a contract with Texas Children's Health Plan. I hereby authorize Veyo to arrange and/or provide transportation for this child without an adult escort or aide. By authorizing Veyo to arrange and/or provide transportation, I hereby release and indemnify Veyo and its employees, officers, agents, parent company, and affiliates; Veyo's contracted transportation providers and their employees, officers, agents, parent companies, and affiliates; and Texas Children's Health Plan and its employees, officers, agents, and agencies from any and all liability, causes of action, or claims of any nature whatsoever arising from or in connection with the transportation provided to the above named minor child by Veyo and its transportation providers.

By giving this consent, I represent that the child listed above:

- is 12 years of age or older
- is capable and mature enough to be transported without an escort (an adult other than the driver)
- will not be disruptive in the vehicle
- will follow all rules communicated by the driver
- does not need an escort or attendant to provide emotional or any other type of support

X _____ **X** _____ Date _____
 Parent / Guardian Full Name (Please Print) Signature of Parent / Legal Guardian

Please submit completed forms by email, fax, or mail:

Email: tripcoordinator@veyo.com

Fax: 480-757-6082

Mail: Veyo, Attn: Trip Coordinator
 4250 Executive Square, Suite 200
 San Diego, CA 92037