



MR#

Name:

Sex/DOB:

August 10, 2022

### Parental Consent Form

Child's First Name:

Child's Last Name:

Child's MRN Number:

My name is \_\_\_\_\_. I am the parent, guardian, or legal custodian of \_\_\_\_\_, who is age 14 to 17 years old.

I give MTM permission to set up rides for and provide rides to my son/daughter/minor dependent whose name I have written in this form. I understand these rides will carry my son/daughter/minor dependent to and from their QUEST related healthcare visits. I further understand MTM may set up and provide these rides when I am not able to ride along, and no other adult is able to make the trip.

This Parental Consent Form goes into effect when I sign it. I understand it will stay in effect until I write to MTM and ask that this agreement is canceled or until someone else with authority writes and asks that the agreement is canceled.

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
How are you related to the child?

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Today's date

**Mail this form to:**

MTM  
Care Management Department  
16 Hawk Ridge Circle  
Lake St. Louis, MO 63367

**Fax this form to:**

877.406.0658 (toll-free)

