



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	ON		
First Name		Last Name	
Medicaid ID Number		Date of Birth (MM/DD/YYYY)	
PARENT / LEGAL GUA	ARDIAN INFORMATION		
First Name		Last Name	
Email		Phone Number	
Relationship to Member			
best of my knowledge under the Non-Emerge with Texas Children's child without an adult release and indemnify contracted transportat and Texas Children's liability, causes of acti transportation provide By giving this consent is 12 years of age is capable and ma will not be disruptity will follow all rules	this child is eligible to receive ency Medical Transportation (Nealth Plan. I hereby authorizescort or aide. By authorizing MTM and its employees, officion providers and their employees on, or claims of any nature who to the above named minor control of the child lister or older ture enough to be transported we in the vehicle communicated by the driver	legal guardian of the above state TCHP / Medicaid services, inconstant of the above state TCHP / Medicaid services, inconstant of the MTM to arrange and/or provide sers, agents, parent company, avees, officers, agents, parent cost, officers, agents, and agencies atsoever arising from or in constant of the MTM and its transportated above: without an escort (an adult other emotional or any other type of services).	cluding transportation TM under a contract de transportation for this transportation, I hereby and affiliates; MTM's ompanies, and affiliates; s from any and all nection with the ion providers. er than the driver)
X	x		
Parent / Guardian Full Nan	ne (Please Print) Signature of I	Parent / Legal Guardian	Date
	Please submit complete	ed forms by mail or fax:	

Fax: 1-844-879-7347

Mail: MTM, Attn: Contact Center 16 Hawk Ridge Circle Lake St. Louis, MO 63367