

Consent and Liability Release for Minors

Children under the age of 13 require specific approval by the Department of Health Care Policy and Financing to travel without a parent or guardian. Mail, email or fax your completed form to Transit To Care.

Minor's Name: _____

Date of Birth: _____ Medicaid ID #: _____

I, _____, hereby affirm and attest that I am the parent/legal guardian of the above named minor. This minor is eligible to receive Health First Colorado funded services, including transportation under the Non-Emergency Medical Transportation (NEMT) program. I hereby authorize Transit To Care to arrange transportation for this minor without an adult escort. In compliance with the state's requirements, an adult will be present to accept the minor at the destination and return location.

By authorizing Transit To Care to arrange transportation, I hereby release and indemnify Transit To Care, its employees, and officers, of any and all liability, causes of action, or claims of any nature whatsoever arising from or in connection to the transportation provided.

Guardian's Printed Name: _____

Relationship to Minor: _____

Guardian's Signature: _____ Date: _____

Contact Phone #: _____

Home Address: _____

If you have questions, please contact Transit To Care at (719) 644-6005.

For Transit To Care Use:

Received Date: _____

Date Entered: _____

Transit To Care, LLC

Email: cs@transit2care.com | **Fax:** (719) 644-6005