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**Texas Medicaid Minor Consent Form - Community First Health Plan**

**Consent for Minors (15 to 17 years old) to Travel Without an Escort**

I \_\_\_\_\_, residing at \_\_\_\_\_ (address)

hereby affirm that I am the legal guardian of \_\_\_\_\_ (name of minor.).

He/she is \_\_\_\_\_ years old. His/her Medicaid ID is \_\_\_\_\_, his/her date of birth is \_\_\_\_\_.

I consent to \_\_\_\_\_ (name of minor) riding unaccompanied when traveling to and from clinics for Medicaid covered services with any transportation provider under contract to SafeRide Health. This is in connection with his/her transportation for non-emergency medical services. By giving this consent and release of liability, I hereby represent that the member is fully capable of being transported without an adult escort. They will not be disruptive, will follow all rules said by the driver and does not need an escort to give emotional or any other type of support.

I understand that if any of the factors set forth in paragraph 4, above, cease to apply, then SafeRide Health will no longer transport the minor without an escort.

I agree to let SafeRide Health know within 48 hours if, for any reason, I end being the legal guardian of the above mentioned minor. I will also tell SafeRide Health the name and address of the new legal guardian.

In consideration of SafeRide Health's agreement to transport the minor without an escort, I hereby release SafeRide Health and its staff, officers, agents and subcontractors from any and all liability, causes of actions, or claims. This is in connection with his/her transportation by SafeRide Health and its subcontractors.

Email the filled-out form to the address listed above. You can also fax to the fax number listed above. The filled-out form must be on file at the SafeRide Health office for any trips to be set up without an escort for the minor child.

\_\_\_\_\_  
SIGNATURE OF GUARDIAN

\_\_\_\_\_  
PRINTED NAME OF GUARDIAN

\_\_\_\_\_  
DATE SIGNED