Driscoll Health Plan Medical Ride Program
Consent for Minors (15-17) to Travel Without an Attendant

Minor Name (First/Last):	
Medicaid Number:	Date of Birth (MM/DD/YYYY):

1. I, _____
   residing at, _____(address)
   hereby affirm that I am the legal guardian of the minor named above.

2. I consent to the minor riding unaccompanied when traveling to and from facilities for Medicaid covered services with any transportation provider under contract with Driscoll Health Plan and SafeRide, in connection with his/her transportation for non-emergency medical services.

3. By giving this consent and release of liability, I hereby represent that the minor is fully capable of being transported without an adult escort, will not be disruptive, will follow all rules communicated by the driver and does not need an escort to provide emotional or any other type of support.

4. I understand that if any of the factors set forth in paragraph 3, above, cease to apply, then Driscoll Health Plan and SafeRide will no longer transport the minor without an escort.

5. I agree to inform Driscoll Health Plan and SafeRide, within 48 hours if, for any reason, I cease being the legal guardian of the minor and to inform Superior Health Plan and SafeRide of the name and address of the new legal guardian.

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

Mail the completed form to the address listed below or fax to the fax number listed below. The completed form must be on file with SafeRide's office for any trips to be set up without an escort for the minor child.

_____   _____
SIGNATURE OF GUARDIAN   DATE

_____
PRINTED NAME OF GUARDIAN

_____
NAME OF MINOR FOR WHOM THIS CONSENT APPLIES

Fill out and mail this form to:
SafeRide Health Forms
106 Jefferson St., Suite 300
San Antonio, TX 78205
OR fill out and fax this form to: 1-888-534-9598