



**Superior HealthPlan 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):

- I, _____,
residing at _____ (address) hereby
affirm that I am the legal guardian of the minor named above.
- I consent to the minor riding unaccompanied when traveling to and from facilities for Medicaid covered services with any transportation provider under contract with Superior HealthPlan and SafeRide, in connection with his/her transportation for non-emergency medical services.
- 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.
- I understand that if any of the factors set forth in paragraph 3, above, cease to apply, then Superior HealthPlan and SafeRide will no longer transport the minor without an escort.
- I agree to inform Superior HealthPlan and SafeRide, within 48 hours if, for any reason, I cease being the legal guardian of the minor and to inform Superior HealthPlan and SafeRide of the name and address of the new legal guardian.

In consideration of Superior HealthPlan and SafeRide’s agreement to transport the minor without an escort, I hereby release Superior HealthPlan, 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 Superior HealthPlan, 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 send this form to:
SafeRide Health Alternate Transportation
Mail: 18302 Talavera Ridge, Suite 300
San Antonio, TX 78257
Email:
SHP_Authorizations@saferidehealth.com
Fax: 1-888-534-9598**