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Alternate Transportation Department Phone: 833-944-0517 | Fax: 888-534-9598
Email: TexasChildrens_Authorizations@saferidehealth.com

Consent for Minors (16 to 17 years old) to Travel Without an Escort
Texas Children's Health Plan

I _____, residing at _____
(address), hereby affirm that I am the legal guardian of _____
(name of minor), age _____ (the "Member"). Their Medicaid ID is
_____, their date of birth is _____.

I consent to _____ (name of minor) riding unaccompanied
when traveling to and from facilities for Medicaid covered services with any transportation
provider under contract with SafeRide Health, in connection with their 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. I affirm that the Member 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 attestations in this consent cease to apply, then SafeRide
Health will no longer transport the Member without an escort.

I agree to inform SafeRide Health within 48 hours if, for any reason, I cease being the
legal guardian of the Member and to inform SafeRide Health of the name and address of
the new legal guardian. Upon notice of this change, this consent shall be immediately
revoked.

In consideration of SafeRide Health's agreement to transport the Member without an
escort, I hereby release SafeRide Health and its employees, officers, agents, attorneys,
and subcontractors from any and all liability, causes of action, or claims, in connection
with the Member's transportation by SafeRide Health and its subcontractors.

Email the completed form to the address listed above. The completed 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