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**Consent for Minors (13 to 17 years old) to Travel Without an Escort**  
**United HealthCare Virginia**

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