



Consent for Minor to Travel Unaccompanied Form

I, _____ (parent or legal guardian name), grant permission for my minor dependent, _____ (member's name), age _____ (**16 or 17 only**), to be transported by Modivcare Non-Emergency Medical Transportation (NEMT) providers. I understand that by granting permission, I am allowing transportation service providers to transport my minor dependent to approved medical appointments without an accompanying parent or legal guardian.

I have read and understand the Consent for Minor to Travel Unaccompanied Form. I hereby authorize Modivcare to transport the minor dependent named above.

As the parent or legal guardian, I remain legally responsible for any personal actions taken by the minor named above.

The Consent to Travel Unaccompanied is valid until the minor dependent turns 18 years old or 2 years from the signature date, whichever comes first.

Minor Dependent Last Name: _____

Minor Dependent First Name: _____

Minor Dependent Utah Medicaid ID: _____

Minor Dependent Date of Birth: _____

Print Parent or Legal Guardian Name: _____

Signature of Parent or Legal Guardian: _____

Date: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Fill out and return this form to:
 email: UTExceptions@modivcare.com
 OR
 address: **Modivcare Facility Department**
4615 E. Elwood Street, Suite 300,
Phoenix, AZ 85040
 OR
 fax: **(877) 637- 9079**
 (for mail, allow 7-10 days processing time)