

**CONSENT FOR MINOR TRANSPORT**

This form must be completed by the legal guardian of the minor being transported **prior** to the minor entering the transportation providers' vehicle.

**Member Name (minor):** \_\_\_\_\_

**Medicaid ID #:** \_\_\_\_\_

**Member Date of Birth:** \_\_\_\_\_  
Month Day Year

**Name of Legal Guardian:** \_\_\_\_\_

By signing this Consent, I, the legal guardian, hereby give my informed consent for the above minor to be transported by a provider within Southeastrans, Inc.'s ("SET") non-emergency transportation ("NET") network. I further represent that the minor listed above is capable of being transported without an adult escort, will be cooperative, and will follow verbal instructions given by the driver. I further understand and attest that the minor listed above does not require support or assistance during transport.

In consideration of SET's agreement to transport the minor without an escort, I, the legal guardian, release Southeastrans and its employees, officers, agents, and subcontractors from any and all liability, cause of actions, or claims in connection with the transport of the minor by SET or its' subcontractors.

**EMERGENCY CONTACT INFORMATION FOR THE ABOVE LISTED MINOR:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Legal Guardian**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Witness**