



## Consent and Liability Release for Minors

Children under the age of 13 require specific approval by the Department of Health Care Policy and Financing to travel without a parent or guardian. Mail, email or fax your completed form to IntelliRide.

Minor's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_

I, \_\_\_\_\_ (name), hereby affirm and attest that I am the parent/legal guardian of the above named minor. This minor is eligible to receive Health First Colorado funded services, including transportation under the Non-Emergency Medical Transportation (NEMT) program. I hereby authorize IntelliRide to arrange transportation for this minor without an adult escort. In compliance with the state's requirements, an adult will be present to accept the minor at the destination and return location.

By authorizing IntelliRide to arrange transportation, I hereby release and indemnify IntelliRide, its employees, officers, agents, parent company and affiliates and contracted transportation providers and their employees, officers, agents, parent companies, and affiliates of any and all liability, causes of action, or claims of any nature whatsoever arising from or in connection to the transportation provided.

Guardian's Printed Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

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

**If you have questions, please contact IntelliRide at 1-855-485-4999.**

### For IntelliRide Use:

Received Date: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Please send completed form to: Fax (720) 302.0106 | Email: [us.coclinicalcoordinator@transdev.com](mailto:us.coclinicalcoordinator@transdev.com)