

Consent and Release of Liability

- 1.** I, _____, residing at _____
_____ (address) hereby affirm that I am
the legal guardian of _____ (name of minor).
- 2.** _____ (name of minor) is _____ years old. His/her
birth date is _____.
- 3.** I consent to _____ (name of minor) riding with any transportation
provider under contract to or working with LogistiCare Solutions, LLC. in connection with his or her
transportation for non-emergency medical services.
- 4.** By giving this consent and acknowledgement of responsibility, I hereby represent that
_____ (name of minor) is fully capable of being transported
without an adult escort, 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.
- 5.** I understand that if any of the factors set forth in paragraph 4, above, cease to apply, then LogistiCare
Solutions, LLC. may no longer transport the minor without an escort.
- 6.** I agree to inform LogistiCare Solutions within 48 hours if, for any reason, I cease being the legal
guardian of _____ (name of minor) and to inform LogistiCare
Solutions, LLC. of the name and address of the new legal guardian.

SIGNATURE OF GUARDIAN

DATE _____

PRINTED NAME OF GUARDIAN

NAME OF MINOR TO WHOM THIS CONSENT APPLIES

WITNESS SIGNATURE

DATE _____

PRINTED NAME OF WITNESS

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For internal purposes:

DATE RECEIVED BY LOGISTICARE SOLUTIONS, LLC.

LOGISTICARE SOLUTIONS, LLC. STAFF MEMBER