



Minor Consent to Travel Form

This authorization form must be completed by a parent or legal guardian before a child between the ages of 12-15 can travel without an adult escort or aide.

MEMBER INFORMATION		
First Name	Last Name	
Medicaid ID Number	Date of Birth (MM/DD/YYYY)	
PARENT / LEGAL GUARDIAN INFORMATION		
First Name	Last Name	
Email	Phone Number	
Relationship to Member		
I, do hereby affirm and attest that I am the pare best of my knowledge, this child is eligible to reunder the Non-Emergency Medical Transportat with Texas Children's Health Plan. I hereby aut this child without an adult escort or aide. By authereby release and indemnify Veyo and its emp Veyo's contracted transportation providers and affiliates; and Texas Children's Health Plan and and all liability, causes of action, or claims of a transportation provided to the above named m	eceive TCHP / Medicaid services, incition (NEMT) program operated by Vethorize Veyo to arrange and/or provicuthorizing Veyo to arrange and/or proployees, officers, agents, parent combit their employees, officers, agents, pod its employees, officers, agents, and any nature whatsoever arising from or	cluding transportation eyo under a contract de transportation for ovide transportation, I npany, and affiliates; parent companies, and d agencies from any r in connection with the
By giving this consent, I represent that the child is 12 years of age or older is capable and mature enough to be transp will not be disruptive in the vehicle will follow all rules communicated by the dr does not need an escort or attendant to pro-	ported without an escort (an adult oth	, i
<u>x</u> <u>x</u>		
	ted forms by email, mail, or fax:	Date

Email: tripcoordinatortx@veyo.com

Fax: 480-757-6082

Mail: Veyo, Attn: Trip Coordinator 4875 Eastgate Mall, Suite 200 San Diego, CA 92009