

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

I, do hereby affirm and attest that I am the parent or legal guardian of the above stated minor child. This child is eligible to the best of my knowledge to receive HUSKY Health / Medicaid services, including transportation under the Non-Emergency Medical Transportation (NEMT) program operated by Veyo under a contract with the State of Connecticut. I hereby authorize Veyo to arrange and/or provide transportation for this child without an adult escort or aide. By authorizing Veyo to arrange and/or provide transportation, I hereby release and indemnify Veyo and its employees, officers, agents, parent company, and affiliates; Veyo's contracted transportation providers and their employees, officers, agents, parent companies, and affiliates; and the State of Connecticut and its employees, officers, agents, and agencies from any and all liability, causes of action, or claims of any nature whatsoever arising from or in connection with the transportation provided to the above named minor child by Veyo and its transportation providers.

By giving this consent, I represent that the child listed above:

- is 12 years of age or older
- is capable and mature enough to be transported without an escort (an adult other than the driver)
- will not be disruptive in the vehicle
- will follow all rules communicated by the driver
- does not need an escort or attendant to provide emotional or any other type of support

X _____
Guardian Full Name (Please Print)

X _____
Signature of Guardian

Date

Please submit completed forms by email, mail, or fax:

Email: ctcc@veyo.com

Fax: 860-724-2159

Mail: Veyo
Attn: Clinical Coordinator
PO Box 1070
Windsor, CT 06095