



**Consent Form
For Escort of Minor Under the Age of 12**

The State of Connecticut, Department of Social Services' Medicaid program requires that a child under the age of 12 must travel with a parent, guardian or other appropriate adult escort. The policy states that:

*"Children under 12 years of age shall be escorted to medically necessary appointments. Either the child's parent, foster parent, caretaker, legal guardian, or the Department of Children and Families (DCF), as appropriate, shall be responsible for providing the escort."*¹

Please send completed forms to Veyo Clinical Coordinators: ctcc@veyo.com or fax to (860) 724-2159

I (print name) _____, as the parent/legal guardian of the child (who is under 12 years of age) listed below, give permission and consent to an employee of _____ (the clinic or other entity providing services to the child) for one of their designated employees to act as an escort for my child during his/her transportation to services at their clinic or facility. I also understand and agree that my child is being transported as part of a group, with up to ____ other children. There will be at least one escort (in addition to the driver) provided on the vehicle during the transportation of this group of children, including my child.

My Child's Name

My Child's DOB

Parent / Guardian Signature

Parent / Guardian Name (Printed)

Parent / Guardian Telephone

Date

¹ PB 2007-31/Policy Transmittal 2007-04, May 2007, "Escorts for Minors – Non-Emergency Medical Transportation" (www.ctdssmap.com, under "Publications").