



IEHP- Inland Empire Health Plan  
 Attention: Transportation Department  
 10801 6<sup>th</sup> St Suite.120  
 Rancho Cucamonga Ca 91730  
 1-800-440-4347

**Transportation Consent for Unaccompanied Minor(s)**

<b>INSTRUCTIONS:</b>			
IEHP requires a completed Travel Consent form for minor (s) under the age of 18, who will be traveling unaccompanied to an appointment/location for medically necessary services. IEHP will coordinate round trip transportation services for all medical appointments. Once completed and signed, please send by mail or email (TransportationServicesCallCenter@iehp.org)			
<b>SECTION A: MEMBER INFORMATION</b>			
<b>MEMBER NAME / Member ID</b>			
<b>PARENT (S)/GUARDIAN(S) NAME</b>	<b>RELATIONSHIP TO MEMBER</b>	<b>CONTACT NUMBER</b>	<b>ADDRESS</b>
<b>EMERGENCY CONTACT, if different from above.</b>	<b>RELATIONSHIP TO MEMBER</b>	<b>CONTACT NUMBER</b>	<b>ADDRESS</b>
<b>SECTION B: MEMBER CONSENT</b>			

I \_\_\_\_\_ (*insert parent or guardian name*), grant permission for my minor dependent, \_\_\_\_\_ (*insert members name*), to be transported by IEHP Health Plans Non-Medical (NMT) or Non-Emergency Medical Transportation (NEMT) service providers. I understand that by granting permission I am allowing transportation service providers to transport my minor dependent to approved medical appointments without an accompanying parent or legal guardian.

I agree to ensure \_\_\_\_\_ (*child's name*) will be ready for their pick-up for his/her trip to their appointment(s) and will be able to get themselves to the specific pick-up locations(s) at the scheduled time.

I agree to inform IEHP if there are any changes or cancellations to my child's appointment(s) or the location(s) for pick up and/or drop off.

I agree to contact IEHP within 48 hours if for any reason I cease being the legal parent or guardian of \_\_\_\_\_ (*child's name*) and to inform IEHP of the name and address of the new legal parent of guardian. I will also cancel unescorted rides that were to occur under this consent during any time after I cease being the legal parent/guardian.

**I have read and understand the Transportation Consent for Unaccompanied Minors Form. I hereby authorize IEHP's NMT or NEMT provider to transport the minor dependent named above. As the parent or legal guardian, I remain legally responsible for any personal actions taken by the minor dependent named above.**

The Transportation of a Minor Consent Form will remain valid from date form is signed and effective until I write to IEHP to inform this agreement is cancelled or until someone else with legal authority writes to cancel this agreement.

SIGNATURE OF PARENT OF GUARDIAN \_\_\_\_\_  
 PRINTED NAME OF PARENT OF GUARDIAN \_\_\_\_\_  
 RELATIONSHIP TO MINOR \_\_\_\_\_ DATE \_\_\_\_\_