



CONSENT FOR MINOR UNDER THE AGE OF 16 TO TRAVEL ALONE

Please be aware that a signed consent form for each child under the age of 16 must be on file with Mid-Coast Connector prior to any rides taking place.

Effective Date: _____ (Please note that consent must be renewed annually)

Member First/Last Name: _____

Member ID: _____

Member Date of Birth: _____

I, _____ grant permission for the MaineCare member
(First/last name of parent/legal guardian)

listed above to travel alone from _____
(MaineCare approved Pick up address)

to his/her Medicaid/MaineCare approved appointments, using the most appropriate means of transportation, as determined by Mid-Coast Connector.

In the event the parent/legal guardian cannot be reached, Mid-Coast Connector may contact:
(Please list a **local** relative or designated guardian)

First/Last Name: _____

Contact phone number: _____

******If a parent/ legal guardian is not available to receive the above listed member within fifteen (15) minutes of the scheduled drop off time, local law enforcement will be contacted to assist.*****

By signing this form I consent to have the above listed member travel without an escort to any appointment for an approved Medicaid/MaineCare covered service.

Printed name of parent/legal guardian: _____

Signature of parent/legal guardian: _____