

Consent and Liability Release for Minors

Golden Gate Manor Transportation



Children under the age of 15 require specific approval from the Department of Health Care Policy and Financing to travel without a parent or guardian. Mail, email or fax your completed form to Golden Gate Manor Inc.

Minor's Name: _____

Date of Birth: _____ Medicaid ID #: _____

I, _____ (name), hereby affirm and attest that I am the parent/legal guardian of the above-named minor. This minor is eligible to receive Health First Colorado funded services, including transportation under the Non-Emergency Medical Transportation (NEMT) program. I hereby authorize Golden Gate Manor Inc. to arrange transportation for this minor without an adult escort. In compliance with the state's requirements, an adult will be present to accept the minor at the destination and return location. By authorizing Golden Gate Manor Inc. to arrange transportation, I hereby release and indemnify Golden Gate Manor Inc., its employees, officers, agents, parent company and affiliates and contracted transportation providers and their employees, officers, agents, parents companies, and affiliates of any and all liability, causes of action, or claims of any nature whatsoever arising from or in connection with the transportation provided.

Guardian's Printed Name: _____

Relationship with Minor: _____

Guardian's Signature: _____ Date: _____

Contact Phone Number: _____

Home Address: _____

If you have any questions, please contact Golden Gate Manor Inc. at (719) 544-3231

For Golden Gate Manor Inc. Team Use:

Received by: _____

Date: _____

Send completed form to: Fax - (719) 544-4187 | Email - RideInfo@goldengatemanor.com

Thank you