ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

150 N. 18th Avenue
Phoenix, AZ 85007
602.417.4000

KATIE HOBBS
GOVERNOR

ROBERTA HARRISON
INTERIM DIRECTOR

TRANSPORTATION AUTHORIZATION AND RELEASE OF LIABILITY

I _____(name of parent or legal guardian), herein referred to as Legal Guardian, residing at_____(address) hereby affirm that I am the parent or legal guardian of _____(full name of minor), whose AHCCCS ID is _____ (AHCCCS ID), and date of birth is _____, herein referred to as Minor.

The Minor is ___(age) years old. Upon completion and signing of this form, I hereby provide my limited consent for Minor to be transported for the purpose of _____ (include purpose of transportation), herein referred to as Purpose. The Minor may be transported for this Purpose from _____ (insert start date of authorization) to _____ (end date of authorization; cannot be more than 3 months after the start date of the authorization). The Minor will be transported without the presence of their Legal Guardian.

By providing this authorization and release of liability, I represent that Minor is capable of being transported without the presence of their Legal Guardian and will comply with all safety rules and regulations communicated by the driver. I understand if Minor does not follow the rules, the Minor may no longer be transported without a Legal Guardian. I agree to ensure that Minor will be ready for their pickup for their trip and will be able to get themselves to the specific pickup location at the scheduled time.

I agree to inform the AHCCCS enrolled provider within 48 hours if for any reason I cease being the Legal Guardian of Minor and agree to provide the name and contact information for the newly designated Legal Guardian. I agree to inform the AHCCCS enrolled provider immediately in the event that I no longer consent to the Minor receiving non-emergency transportation for medical necessary services. I agree to provide an updated signed Transportation Authorization and Release of Liability form 3 months after the date of signature below to continue the authorization for the Purpose outlined above. I may ask at any time, in writing, that this authorization be canceled.

Upon execution of this authorization and release for transportation of a Minor, I hereby release AHCCCS and the AHCCCS contracted health plan, its employees, officers, agents, and subcontractors from any and all liability, causes of action, or claims in connection with the transportation.

If any of the above information should change, the Legal Guardian is responsible for providing an updated Authorization and Release of Liability Form.

_____ _____

Signature of Legal Guardian *Date*

_____ _____

Printed name of Legal Guardian *Date*