



Consent and Liability Release for Minors

Children who are 13 years old or younger need to get special permission from the Department of Health Care Policy and Financing if they are traveling without a parent or guardian. Please send your completed form to Utopia Transportation LLC by mail or email.

Minor's Name: _____

Date of Birth: _____ Medicaid ID #: _____

I, _____, confirm and declare that I am the parent or legal guardian of the minor named above. The child is qualified to receive services funded by Health First Colorado, which includes transportation via the Non-Emergency Medical Transportation (NEMT) program. I hereby authorize Utopia Transportation LLC 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 Utopia Transportation LLC to arrange transportation, I hereby release and indemnify Utopia Transportation LLC, its employees, and officers, of any and all liability, causes of action, or claims of any nature whatsoever arising from or in connection to the transportation provided.

Guardian's Printed Name: _____

Relationship to Minor: _____

Guardian's Signature: _____ Date: _____

Contact Phone Number: _____

Home Address: _____

If you have questions, please contact Utopia Transportation LLC at (719)246-0209, (720) 662-9521, or (303) 523-3445.

For Utopia Transportation LLC Officials' Use:

Received Date: _____ Date Entered: _____

Utopia Transportation LLC

Email: utopiatransportationllc@gmail.com