



## Parent or Guardian Medical Transportation Release Form for Unaccompanied Minors

- UCare can provide medical rides for unaccompanied minors 12-17 years old (3-11 years old for mental health appointments only).
- We don't need you to fill out this form for family planning appointments.
- **You must send UCare a new form each year.**
- **For this form to be valid, you must fill out all fields.**

Member Information	Member name _____ Member ID # _____
	Member address _____
	Member city, state ZIP _____
	Member date of birth _____ Emergency contact phone number _____
	Emergency drop-off location _____
Parent/Guardian Information	Parent or guardian name _____
	Parent or guardian address _____
	Parent or guardian city, state ZIP _____
	Parent or guardian phone number _____
Questions	Please circle the correct answer for the unaccompanied minor:
	YES NO Are there any safety or behavioral concerns that might cause a safety issue for the minor or driver during a ride?
	YES NO Does the minor have a history of disruptive or destructive behavior during past rides?
	YES NO Does the child have a physical or psychological impairment that could compromise the safety of the minor or driver during a ride?

- As the Parent or Guardian of the member above, I let UCare schedule and give transportation for applicable appointments. Unless I say otherwise, this release form lasts one year from the date I sign it.
- I understand that UCare will confirm the appointment date, time, and pick-up and drop-off location each time they schedule transportation for the member.

Parent or guardian name (please print) \_\_\_\_\_

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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**Please fill out this section only if you want to give permission for less than one year or a single appointment.**

I let UCare schedule and give transportation until (MM/DD/YY): \_\_\_\_\_

I let UCare schedule and give transportation for one appointment only. I'll call UCare to schedule the below ride:

Appointment date: \_\_\_\_\_ Appointment time: \_\_\_\_\_

Pick-up address (origination): \_\_\_\_\_

Drop-off address (destination): \_\_\_\_\_  
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**Please return this form to us by mail or email.**

- Mail this form to:

UCare  
Attn: Transportation Department  
PO Box 52  
Minneapolis, MN 55440-0052

- Email this form to [health\\_ride@ucare.org](mailto:health_ride@ucare.org).