

Legal Guardian Consent and Waiver

Name of Minor: _____ (the "Minor")

Date of Birth: _____

Address: _____

Phone Number: _____

1. I, _____ (*legal guardian name*), residing at _____ (*street, apt. #, city, state, zip*), affirm that I am the legal guardian of the Minor.
2. By signing this Legal Guardian Consent and Waiver, I acknowledge and affirm that: (a) I have read and understood this document; (b) I am signing this document voluntarily and fully intending to be bound by its terms; and (c) I am at least eighteen (18) years of age. I understand that this is a legal document which is binding on me and those who may claim by or through me.
3. I understand that EpicMD Technologies LLC d/b/a Alivi NEMT Network ("Alivi") is contracted with Minor's health plan to schedule transportation for the Minor with third party transportation providers for non-emergency medical services.
4. I consent to the Minor riding with any transportation provider under contract with Alivi for Minor's transportation for non-emergency medical services.
5. I hereby confirm that the Minor:
 - *Is fully capable of being transported without an adult escort;*
 - *will not be disruptive to the driver or passengers;*
 - *will follow all rules communicated by the driver; and*
 - *does not need an escort to provide emotional or any other type of support.*
6. I understand that if any of the factors in paragraph 5, listed above, cease to apply, Alivi will no longer schedule rides with transportation providers to transport the Minor without an escort. I agree to promptly inform Alivi if any of the factors in paragraph 5 change.

7. I agree to inform Alivi within 24 hours if for any reason I am no longer the legal guardian of the Minor, and to inform Alivi of the name and address of the new legal guardian.

8. As part of Alivi's agreement to transport the Minor without an escort, I hereby, on behalf of myself and the Minor, release Alivi, and its employees, officers, agents, and subcontractors, from any and all liability, causes of action, or claims in connection with the Minor's transportation as scheduled by Alivi or provided by any third-party transportation provider under contract with Alivi.

Signature of Guardian

Date

Printed Name of Guardian

Name of minor for whom consent
applies

Please fax this form to: 855.621.8962 upon completion.

Sunshine Health provides free aids and services to people with disabilities, such as qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic and other formats), and free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

This information is available for free in other languages. Please contact Member Services at 1-866-796-0530, TTY 1-800-955-8770 Monday through Friday, 8 a.m. to 8 p.m.

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con nuestro número de servicio al cliente al 1-866-796-0530, TTY 1-800-955-8770 de lunes a viernes, de 8 a.m. a 8 p.m.

Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Sunshine Health, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-866-796-0530 (TTY 1-800-955-8770).

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Sunshine Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-866-796-0530 (TTY 1-800-955-8770).