



# CONTRA COSTA HEALTH

595 Center Avenue, Suite 100 | Martinez, CA 94553 | Main Number: 925-313-6000 | [contracostahealthplan.org](http://contracostahealthplan.org)  
Member Call Center: 877-661-6230 | Provider Call Center: 877-800-7423 | Se Habla Español

## Non-Medical Transportation (NMT) Unaccompanied Minor Consent Form WAIVER AND RELEASE OF LIABILITY (AGREEMENT)

Member Name: \_\_\_\_\_ CCHP ID number \_\_\_\_\_

I am the parent or guardian of the member above. I understand there are risks of injury when transporting children without my presence. I release Contra Costa Health Plan (CCHP) from any and all liability connected with the *(check one)*

one-way       round trip      Non-Medical Transportation (NMT) ride(s)

from \_\_\_\_\_

to \_\_\_\_\_

on the date(s) \_\_\_\_\_.

I am taking on all risks. I am allowing CCHP to arrange for my child(ren) to travel alone.

I agree not to make any claims against CCHP or their representatives. I agree that I have carefully read this “Waiver and Release of Liability Agreement.” I understand that it is a release of liability.

If there is an emergency, please call these people:

Name	Relationship	Phone Number

I am 18 years old or older. I am freely signing this Agreement. I have read this Agreement. I fully understand what it means. I cannot change this Agreement orally. All changes must be in writing.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

