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CHIEF EXECUTIVE OFFICER

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## AUTHORIZATIONS

595 Center Avenue, Suite 100  
Martinez, California 94553

Main Number: 925-313-6000  
Member Call Center: 877-661-6230  
Provider Call Center: 877-800-7423  
Fax: 925-313-6058  
www.contracostahealthplan.org

Se Habla Español

### Transportation Unaccompanied Minor Consent Form

#### WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury and other predictable and unpredictable risks with transporting unaccompanied minor child(ren), I hereby release Contra Costa Health Plan (CCHP) from any and all liability associated with this trip from \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_ (date and time) \_\_\_\_\_. I am voluntarily and entirely at my own risk authorizing CCHP to arrange for transportation of my child(ren). I agree to indemnify and hold harmless CCHP and their representatives against any and all claims. I acknowledge that I have carefully read this "waiver and release" and fully understand that it is a release of liability.

In the event of an emergency, please contact the following person(s) in the order listed:

Emergency Contact Person Name, Relationship, Contact Telephone Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned participant, confirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally.

Participant's Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

