



## Parental Consent Form

Child's First Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Child's Medicaid Number: \_\_\_\_\_

My name is \_\_\_\_\_. I am the parent, guardian, or legal custodian of \_\_\_\_\_, who is age 15 to 17 years old.

I give MTM permission to set up rides for, and provide rides to my son/daughter/minor dependent whose name I have written in this form. I understand these rides will carry my son/daughter/minor dependent to and from their Medicaid related healthcare visits. I further understand MTM may set up and provide these rides when I am not able to ride along and no other adult is able to make the trip.

This Parental Consent Form goes into effect when I sign it. I understand it will stay in effect until I write to MTM and ask that this agreement is canceled or until someone else with authority writes and asks that the agreement is canceled.

\_\_\_\_\_  
**Print Your Name**

\_\_\_\_\_  
**How are you related to the child?**

\_\_\_\_\_  
**Your Signature**

\_\_\_\_\_  
**Today's Date**

**Mail this form to:**

MTM Health  
Care Management Department  
16 Hawk Ridge Circle  
Lake St. Louis, MO 63367

**Fax this form to:**

877.406.0658 (toll-free)