



Parent Consent Form

Child's First Name: _____

Child's Last Name: _____

Child's Medicaid Number: _____

My name is _____ I am the
parent/guardian/legal custodian of

_____, who is age 15-17 years old.

I give AMR permission to set up rides for, and provide rides to my son/daughter/minor whose name I have written in this form. I understand these rides will carry my son/daughter/minor to and from their Medicaid/CSHCN healthcare visit. I further understand AMR 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 Parent Consent Form goes into effect when I sign it. I understand it will stay in effect until I write to AMR and ask that this agreement is cancelled or until someone else with authority writes and asks that the agreement is cancelled.

Print your name

How are you related to the child?

Your signature

Today's date

Mail this form to:

Fax this form to:

American Medical Response
Claims Department
7509 South Freeway
Houston, TX 77021

713-747-9453