

 **nh healthy families**™ 
Parental Consent Form

Child's Medicaid Number: _____

Child's First Name: _____

Child's Last Name: _____

Child's Date of Birth: _____

My name is _____. I am the parent, guardian,

or legal custodian of _____, who is age 16 or 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?

signature

Today's date

Phone number

Mail this form to:

MTM
Contact Center Department
16 Hawk Ridge Drive
Lake St. Louis, MO 63367

Fax this form to: 1-877-406-0658 (toll-free)

