



Transportation of a Minor Consent Form

I, _____ (parent or guardian's name), grant permission to Health Plan of San Mateo ("HPSM") and/or HPSM's Ride Benefit provider to arrange for [non-emergency medical and/or non-medical transportation services] for my minor dependent, _____ (minor's name), to get to and from approved health care appointments and obtain health care services on their own. I understand that by completing and submitting this form I am providing informed written consent for my minor dependent to ride without a parent or legal guardian in vehicles with drivers arranged by HPSM or HPSM's Ride Benefit provider. I also understand and agree that I am legally responsible for my unaccompanied minor dependent's actions during rides.

In signing below, I represent and agree that I am the parent or legal guardian of the named minor dependent and have the legal authority to provide this consent. I acknowledge this consent is valid for one (1) year from the signature date, unless I withdraw my consent sooner by contacting HPSM or no longer have the legal authority to provide this consent, in which case I agree to promptly notify HPSM.

Minor dependent's name: _____

Minor dependent's HPSM member ID#: _____

Minor dependent's date of birth: _____

Parent's/guardian's name: _____

Parent's/guardian's phone number: _____

Parent's/guardian's signature: _____ Date: _____

Emergency contact name (if parent/guardian not available): _____

Emergency contact phone: _____

To submit this form, email or fax it to HPSM Member Services:

- Email: memberservicessupport@hpsm.org
- Fax: 650-616-8581

For questions about or assistance with this form, call HPSM Member Services at 1-800-750-4776.

Parent/Guardian will be notified by phone upon approval of unaccompanied ride request.

Please wait 2 business days for approval.