PENQUIS
Helping Today • Building Tomorrow

Mail this form to: **Penquis Transportation Brokerage**
262 Harlow Street
PO Box 1162
Bangor, ME 04402-1162
1-855-437-5883

Parental Consent Form

I, _____ hereby affirm that I am the legal guardian of:

Last Name, First Name, MI	**MaineCare Member ID Number and DOB**
Child 1:	
Child 2:	
Child 3:	
Child 4:	

I consent to:	**Circle one:**
Agency Vehicle (Lynx Mobility Services and/or KVVAN): I give Penquis Transportation Brokerage consent to set up transportation using an Agency Vehicle without an approved adult present.	Yes or No
DHHS Approved Volunteers: I give Penquis Transportation Brokerage consent to set up transportation using a DHHS Trained Volunteer without an approved adult present.	Yes or No
Third Party Companies (Ambulance Service or Chair Car Service): I give Penquis Transportation Brokerage consent to set up transportation using Third Party Companies without an approved adult present.	Yes or No
Friends and Family Reimbursement: I give Penquis Transportation Brokerage consent to set up transportation using a friend or family member of the minor to be reimbursed at the current mileage rate.	Yes or No

Emergency Contact 1:	Phone number ( ) -
Emergency Contact 2:	Phone number ( ) -
Your Signature: _____ **Printed Name:** _____	**Today's Date**: _____

This Parental consent form goes into effect when signed. I understand that this will stay in effect for one year from the date signed unless someone with authority writes and asks that this agreement be cancelled. I hereby consent and release Penquis and subcontractors from any and all liability, cause of action, or claims in connections with his/her transportation. I represent that my child(ren) will not be disruptive and will follow all instructions given by the driver. I understand that if any of the above factors cease to apply Penquis will no longer be able to transport the minor without an escort. I agree to notify Penquis if a change of guardianship occurs.

FOR INTERNAL USE:

_____ DATE RECEIVED BY PENQUIS

_____ PENQUIS STAFF MEMBER

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PENQUIS TRANSPORTATION BROKERAGE

CONSENT AND RELEASE OF LIABILITY

1. I, _____ (name of legal guardian) residing at _____
   _____ (Address) able to be reached at (____)_____-_____ (phone number) hereby affirm that I am the legal guardian of:
   _____ (name of minor). His/Her birthdate is ____/____/_____.
   _____ (name of minor). His/Her birthdate is ____/____/_____.
   _____ (name of minor). His/Her birthdate is ____/____/_____.
   _____ (name of minor). His/Her birthdate is ____/____/_____.
2. I consent to the minor named above riding with any transportation provider scheduled by the Penquis Transportation Brokerage in connection with his/her transportation for non-emergency medical transportation.
3. By giving this consent and release of liability, I hereby represent that the minor named above is fully capable of being transported without an adult escort; will not be disruptive; will follow all rules communicated by the driver; and does not need an escort to provide emotional or any other kind of support.
4. I understand that if there are any changes to the factors set forth in paragraph 4, Penquis will no longer transport the minor without an escort.
5. I agree to inform Penquis within 48 hours if there is any change in the legal guardianship of the minor named above and to inform Penquis of the name and address of the new legal guardian.
6. I agree to inform Penquis in the event the member named above has exhibited disruptive or potentially unsafe conduct, especially while being transported in any setting.

Guardian's Signature: Today's Date:

_____ _____

If you have any questions regarding this form please call Penquis Transportation Brokerage at (855) 437-5883. Fax # 207-941-2823.

Penquis Consent and Release Rev: 11/1/2021

FOR INTERNAL USE:

_____ _____
DATE RECEIVED BY PENQUIS PENQUIS STAFF MEMBER