

SHARRON A. MACKEY, MHS, MPA
CHIEF EXECUTIVE OFFICER

JOSE YASUL, MD
MEDICAL DIRECTOR



AUTHORIZATIONS

595 Center Avenue, Suite 100
Martinez, California 94553

Main Number: 925-313-6000
Member Call Center: 877-661-6230
Provider Call Center: 877-800-7423
Fax: 925-313-6058
www.contracostahealthplan.org

Se Habla Español

Transportation Unaccompanied Minor Consent Form

WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury and other predictable and unpredictable risks with transporting unaccompanied minor child(ren), I hereby release Contra Costa Health Plan (CCHP) from any and all liability associated with this trip from _____ to _____ on _____ (date and time) _____. I am voluntarily and entirely at my own risk authorizing CCHP to arrange for transportation of my child(ren). I agree to indemnify and hold harmless CCHP and their representatives against any and all claims. I acknowledge that I have carefully read this "waiver and release" and fully understand that it is a release of liability.

In the event of an emergency, please contact the following person(s) in the order listed:

Emergency Contact Person Name, Relationship, Contact Telephone Number

I, the undersigned participant, confirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally.

Participant's Name: _____

Participant's Address: _____

Signature: _____

Date: _____

