



**CONSENT FOR MINOR UNDER  
THE AGE OF 16 TO TRAVEL ALONE**

Please be aware that a signed consent form for each child under the age of 16 must be on file with Mid-Coast Connector prior to any rides taking place.

Effective Date: \_\_\_\_\_ (Please note that consent must be renewed annually)

Member first, last name: \_\_\_\_\_

Member ID#: \_\_\_\_\_

Member date of birth: \_\_\_\_\_

I, \_\_\_\_\_, parent / legal guardian of \_\_\_\_\_  
*Parent/legal guardian full name* *Member full name*

Grant permission for my son / daughter to travel alone from \_\_\_\_\_  
*Pickup address*

\_\_\_\_\_ to his / her Medicaid / MaineCare covered  
*Pickup address (continued)*

Medical appointment at \_\_\_\_\_, \_\_\_\_\_  
*Facility name* *Facility address*

\_\_\_\_\_ *Facility address (continued)*

**By signing this form I consent to have my son/daughter travel without an escort to any appointment for a Medicaid / MaineCare covered service**

Signature of parent / legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of parent / legal guardian: \_\_\_\_\_

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