



Parental Consent Form

1. I, _____ residing at _____ (address)

hereby affirm that I am the legal parent or guardian of the following minor child.

Home Phone: _____ Cell Phone: _____

Child's Full Name: _____ Child's Age: _____

Child's Date of Birth: _____ Child's ForwardHealth ID Number: _____

I give Veyo permission to arrange rides for my child without an adult escort to and from their Medicaid and BadgerCare Plus appointments.

2. _____ (name of child) is fully capable of being transported without an adult escort and will follow all rules communicated by the driver. I understand that if my child does not follow the rules, Veyo will no longer transport my child without a parent or caretaker. I also understand that this is a shared ride program; therefore other members may also be traveling with my child.

3. I agree to ensure that _____ (child's name) will be ready for their pickup for their trip to their appointment and will be able to get themselves to the specified pickup location at the scheduled time.

4. I agree to inform Veyo if there are changes or cancellations to my child's appointments or the locations for pick up or drop off. In addition to myself, I authorize the following persons to make changes to my child's rides. Positive Alternatives, Group Home Placement, 715-426-2224 (Please provide names, relationship, and contact information)

5. I agree to contact Veyo within 48 hours if for any reason I cease being the legal parent or guardian of _____ (name of child) and to inform Veyo of the name and address of the new legal parent or guardian. I will cancel unescorted rides that were to occur under this consent during any time after I cease being the legal parent or guardian.

6. This Parental Consent Form goes into effect when I sign it. I understand it will stay in effect until I write to Veyo and ask that this agreement is canceled or until someone else with authority writes and asks that the agreement is canceled.

Signature of Parent or Guardian _____

Printed Name of Parent or Guardian _____

Relationship to Child _____ Date _____

Mail or fax this form to Veyo at:

Mail: Veyo, Attention: Clinical Coordinator Department, 8383 Greenway Blvd, Suite 400, Middleton, WI 53562

Fax: (888) 506-7708