



Goodhue County
Health and Human Services

Economic Assistance Division – Income Maintenance
426 West Avenue
Red Wing, MN 55066
(651) 385-3200 or (800) 950-2142 • Fax (651) 267-4879

Unaccompanied Minor Transport Authorization Form

The purpose of this authorization form is to allow a minor less than 18 years of age to receive nonemergency medical transportation services to medical, dental or therapy appointments without being accompanied by a parent or legal guardian.

Member's Minnesota Health Care Program ID Number: _____

Member's Name (Last, First,MI): _____

Date of appointment: _____

Time of appointment: _____

Appointment transport pick-up (originaltion) location address: _____

Appointment transport drop-off (destination) location address: _____

I am the parent or guardian of the above named member and approve transport of this minor less than 18 years of age to receive nonemergency medical transportation services to medical, dental or therapy appointments without being accompanied by a parent or legal guardian. This authorization is valid for one year from the date signed.

(Parent or Guardian's printed name)

(Parent or Guardian's signature)

(Date release signed)

Emergency contact number: _____

Emergency drop-off location address: _____

cc: transportation provider

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