



Parent/Guardian Transportation Authorization

Member/Minor Information			
Name	SCHA Member ID #		
Date of Birth	Phone Number		
Address	City	State	Zip
Parent/Guardian Information			
Name	Contact Phone Number		
Address	City	State	Zip
Emergency Contact			
Name	Phone Number	Relation to Child	

This form authorizes South Country Health Alliance to schedule non-emergency medical transportation services for a minor child under age 18 without being accompanied by a parent or legal guardian.

RideConnect must receive a completed and signed authorization before scheduling any transportation services. The signed authorization is valid for 12 months from the date of authorization.

Return completed and signed authorization via:

- Mail: South Country Health Alliance, Attn: RideConnect, 6380 W. Frontage Road, Medford, MN 55049
- Email: rideconnect@mnscha.org
- Fax: 1-507-431-6328, Attn: RideConnect

Questions or concerns please contact South Country Health Alliance Member Services toll-free at 1-866-567-7242 (TTY 1-800-627-3529 or 711).

I authorize RideConnect transportation to schedule non-emergency medical transportation for the minor/member listed above. I understand that this authorization allows a non-emergency transportation provider to transport the minor child/dependent to and from South Country Health Alliance approved medical appointments without being accompanied by a parent or legal guardian.

By signing below, I indicate I have read and understand this authorization.

Print Name (Parent/Guardian)

Signature (Parent/Guardian)

Date of Authorization

