



**KERN FAMILY HEALTH CARE (KFHC)  
AUTHORIZATION AND RELEASE  
Minor Consent for Non-Emergency Medical Transport (NEMT) and  
Non-Medical Transportation (NMT)**

**EXPLANATION** – This authorization will allow a member of KFHC, under the age of 18, to receive Non-Emergency Medical Transport (NEMT) and Non-Medical Transportation (NMT) roundtrip transportation to obtain covered Medi-Cal services only, unaccompanied, without a parent, legal guardian or other adult.

**AUTHORIZATION** - I, \_\_\_\_\_ (parent or legal guardian) hereby authorize:

**Name of member:** \_\_\_\_\_

**KFHC Member ID or CIN Number:** \_\_\_\_\_

To be transported.

1. By signing this Authorization and Release, I give authorization for my minor child to travel roundtrip to obtain covered Medi-Cal services, unaccompanied and without adult supervision. I further understand and agree that roundtrip transportation may be provided by, but is not limited to, litter van, wheelchair van, passenger car or any other form of public or private vehicle.
2. Please be advised that by signing this document, Kern Health Systems, dba Kern Family Health Care, is not responsible or liable for any injury, illness, damages, loss of personal items, or other risks or hazards associated with traveling by public or private transportation.
3. I FULLY ACCEPT AND ASSUME ALL RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I, or my child may incur as a result of my authorization of this transportation.
4. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS **KFHC** and its agents, board members, elected and appointed officials and officers, employees, volunteers and authorized representatives (“**KFHC**”) FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT and/or ON MY CHILD’S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF **KFHC** OR OTHERWISE, INCLUDING, BUT NOT LIMITED TO NEGLIGENCE OPERATIONS AND MEDICAL OR FIRST AID CARE. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW, AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

5. I further understand that I can revoke this authorization by submitting a written revocation to KFHC member services at the address listed below.

Kern Family Health Care  
Member Services  
2900 Buck Owens Blvd.  
Bakersfield, CA 93308

Date Signed and acknowledged on: \_\_\_\_\_

Legal relationship to participant: \_\_\_\_\_

If on behalf of minor child, name of child: \_\_\_\_\_

City and State: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If you have any questions with regards to NMT or this consent form, please contact the KFHC Member Services Department at (661) 632-1590 or 1 (800) 391-2000.

**Si usted necesita esta carta en Español, por favor llame al Departamento de Servicios para Miembros al (661) 632-1590 o (800) 391-2000.**