



AUTHORIZATION TO TRANSPORT A MINOR

CLIENT INFORMATION

Date of Birth: _____

Legal Name:

First Name _____

Last Name _____

Preferred Name:

First Name _____

Last Name _____

NWMHC follows the MN Child Passenger Safety Statutes when transporting minor children. NWMHC does not transport children that are not clients of the agency or children under the age of 5:

In Minnesota, all children must be in a child restraint until they are 4 feet 9 inches tall, or at least age 8, whichever comes first.

- Booster seats are used after outgrowing a forward-faced harnessed restraint
- Seat belts are used when children can sit with their back against the vehicle seat and have their knees bent comfortably over the edge with their feet touching the floor.

Based on the guidelines above, the child requires:

- A Booster Seat
- Seat Belt

I understand the child is required to follow all applicable laws regarding riding in a motor vehicle and follow the directions of the driver. If not followed, transportation will not be provided in the future.

- YES

I recognize motor vehicle transportation may pose a risk to personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in transporting, and I assume any expenses incurred in the event of an accident, illness, or other incapacity.

- YES

I have read this authorization form and I fully understand its terms and conditions. I authorize Northwestern Mental Health Center to transport this minor child, driven by an individual authorized by Northwestern Mental Health Center for the purpose of providing treatment in accordance to the written treatment plan.

- YES

ATTENTION: This is a legal document. Please read carefully.



Please indicate your relationship to the client:

- Parent
- Legal Guardian
- Conservator Health Care Agent/Health Care Power of Attorney

Print Name of Authorized Signee: _____

Signature: _____

My signature indicates that I am legally authorized to sign on behalf of the client.

Date: _____