

# Youth Group Travel Medical Consent Form

*Instructions: Please complete all sections of this form. This form must be printed, signed, and returned to the group leader prior to departure.*

## 1. Youth Information

Youth's Full Name:

Date of Birth (MM/DD/YYYY):  Gender:

Home Address:

## 2. Parent / Guardian Information

Parent/Guardian Full Name:

Relationship to Youth:

Primary Phone Number:  Secondary Phone Number:

Email Address:

## 3. Emergency Contact (If parent/guardian cannot be reached)

Emergency Contact Name:

Relationship to Youth:  Phone Number:

## 4. Travel Details

Youth Group / Organization Name:

Destination:

Departure Date:  Return Date:

## 5. Medical & Insurance Information

Medical Insurance Provider:

Policy Number:  Group Number:

Primary Care Physician Name:  Physician Phone:

Known Allergies (Food, Medication, Environmental):

Current Medications & Dosages:

Special Medical Conditions or Dietary Needs:

## 6. Authorization and Medical Consent

I, the undersigned parent or legal guardian of the youth named above, do hereby grant permission for my child to participate in the specified youth group travel. In the event of an emergency, illness, or injury, I hereby authorize the group leaders, chaperones, or designated organization representatives to obtain any necessary medical, dental, or surgical treatment for my child. This includes, but is not limited to, administration of

anesthetics, medical tests, blood transfusions, injections, and surgery.

I understand that every effort will be made to contact me or the designated emergency contact before major medical action is taken. However, if I cannot be reached, I give full authorization to the medical personnel selected by the group leaders to proceed with necessary treatment to ensure my child's health and safety.

Parent/Guardian Printed Name:

Parent/Guardian Signature:  Date: