

Minor Traveler Medical Consent Form

This form is used to grant authorization for medical treatment for a minor child traveling without their parent or legal guardian.

1. Minor Child Information

Full Name of Child:

Date of Birth:

Gender:

Home Address:

2. Parent / Legal Guardian Information

Parent/Guardian Full Name:

Relationship to Child:

Primary Phone Number:

Alternative Phone Number:

Email Address:

3. Authorized Chaperone / Travel Companion

The minor named above has my permission to travel with the following authorized adult:

Authorized Companion Name:

Relationship to Child:

Contact Phone Number:

4. Travel Details

Destinations:

Departure Date:

Return Date:

5. Child's Medical Information

Allergies (Food, Drug, Environmental):

Current Medications:

Chronic Conditions / Medical Concerns:

Health Insurance Provider:

Policy / Group Number:

Primary Care Pediatrician Name:

Pediatrician Phone Number:

6. Authorization & Consent Statement

I hereby authorize the chaperone named in Section 3 to consent to any necessary medical treatment, examination, anesthetic, or surgical diagnosis for my child during the travel period listed above. I understand that every effort will be made to contact me before any major medical intervention is performed.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date Signed:

7. Notary Public Acknowledgement (Optional / Recommended)

State of: County of:

On this date, , the parent/guardian named above personally appeared before me and proved to be the person who signed this document.

Notary Public Signature:

My Commission Expires: