

# Emergency Medical Release for Traveling Minors

This form is used to authorize emergency medical treatment for a minor child who is traveling without their parent or legal guardian.

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## 1. Minor Child's Information

Full Name:

Date of Birth:

Home Address:

City/State/Zip:

## 2. Parent / Legal Guardian Information

Guardian 1 Full Name:

Relationship to Child:

Primary Phone:

Alternative Phone:

Guardian 2 Full Name:

Relationship to Child:

Primary Phone:

Alternative Phone:

## 3. Authorized Travel Companion (Chaperone)

The following adult is authorized to accompany the minor and make emergency medical decisions if parents/guardians cannot be reached:

Full Name of Chaperone:

Relationship to Child:

Contact Phone:

## 4. Medical History and Insurance Information

Health Insurance Provider:

Policy Number / Group Number:

Name of Insured (Policy Holder):

Primary Care Physician:

Physician Phone:

Known Allergies (Food, Drug, Environment):

Current Medications / Medical Conditions:

## 5. Authorization and Consent Statement

I, the undersigned parent or legal guardian of the minor child named above, do hereby authorize any medical, dental, surgical, or hospital care and treatment, including administration of anesthesia, deemed necessary by a licensed physician or healthcare provider for the welfare of the minor child while traveling. This authorization is effective only during the travel dates specified below:

Travel Start Date:  Travel End Date:

## 6. Signatures (Sign upon printing)

Parent/Guardian Signature: \_\_\_\_\_ Date:

Parent/Guardian Signature: \_\_\_\_\_ Date:

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## 7. Notary Public Acknowledgement (Optional / Recommended)

State of:  County of:

On this day, before me personally appeared the parent/guardian(s) listed above, to me known to be the individual(s) described in and who executed the foregoing instrument.

Notary Signature: \_\_\_\_\_ My Commission Expires: