

# TEMPORARY GUARDIAN TRAVEL MEDICAL AUTHORIZATION

This document authorizes the designated temporary guardian to accompany the minor child listed below on travel and to make necessary medical treatment decisions in the event of an emergency.

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## 1. Parent / Legal Guardian Information

Full Name of Parent/Guardian:

Residential Address:

Primary Phone Number:

Alternative Phone Number:

## 2. Minor Child Information

Full Name of Child:

Date of Birth (MM/DD/YYYY):

Allergies or Medical Conditions:

Current Medications:

Health Insurance Provider:

Policy / Group Number:

## 3. Temporary Guardian Information

Full Name of Temporary Guardian:

Relationship to Child:

Residential Address:

Phone Number:

## 4. Travel Details & Authorization Period

Authorized Travel Destination(s):

Authorization Start Date (MM/DD/YYYY):

Authorization End Date (MM/DD/YYYY):

## 5. Medical Treatment Authorization

I, the undersigned parent or legal guardian, hereby authorize the Temporary Guardian named above to consent to any necessary medical treatment, including but not limited to X-rays, examinations, anesthetic, medical, or surgical diagnosis or treatment, and hospital care, to be rendered to the minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine.

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## 6. Signatures & Witness (For Printing)

Parent/Legal Guardian Printed Name:

Parent/Legal Guardian Signature:

Date Signed:

Temporary Guardian Printed Name:

Temporary Guardian Signature:

Date Signed:

Witness / Notary Public Signature:

Date: