

Child Travel Medical Authorization Form

This form is used to grant temporary authority to an authorized adult companion to consent to medical treatment for a minor child during travel.

1. Minor Child Information

Child's Full Name:

Date of Birth (MM/DD/YYYY):

Home Address:

2. Parent / Legal Guardian Information

Parent/Guardian 1 Full Name:

Parent/Guardian 1 Phone Number:

Parent/Guardian 2 Full Name:

Parent/Guardian 2 Phone Number:

3. Authorized Chaperone / Companion

Authorized Adult Full Name:

Relationship to Child:

Authorized Adult Phone Number:

4. Travel Details

Travel Start Date (MM/DD/YYYY):

Travel End Date (MM/DD/YYYY):

Destination Location(s):

5. Medical and Insurance Information

Health Insurance Provider:

Policy Number / ID Number:

Group Number:

Known Allergies (Food, Drug, Environment):

Current Medications and Dosages:

Chronic Medical Conditions:

Child's Primary Care Physician:

Physician Phone Number:

6. Authorization and Consent Statement

I, the undersigned, being the parent or legal guardian of the minor child named above, do hereby authorize the designated adult chaperone to consent to any medical treatment, examination, anesthetic, surgery, or dental care deemed necessary for my child by a licensed physician or healthcare provider during the travel dates specified. This authorization is effective only during the travel dates listed above.

7. Signatures

Parent / Legal Guardian Signature:

Date Signed (MM/DD/YYYY):

Witness Signature:

Date Signed (MM/DD/YYYY):