

International Travel Medical Consent Form

This form is highly recommended when a minor child is traveling internationally without both parents or legal guardians. It authorizes an accompanying adult to consent to necessary medical treatment for the child in the event of an emergency.

1. Child's Information

Full Legal Name of Child:

Date of Birth (DD/MM/YYYY):

Passport Number:

Country of Passport Issuance:

2. Parent/Legal Guardian Information

Parent/Guardian 1

Full Name:

Address:

Phone Number:

Email Address:

Parent/Guardian 2 (If applicable)

Full Name:

Address:

Phone Number:

Email Address:

3. Authorized Accompanying Adult (Chaperone)

Full Name of Authorized Adult:

Relationship to Child:

Passport Number:

4. Travel Details

Destination Countries:

Departure Date (DD/MM/YYYY):

Return Date (DD/MM/YYYY):

5. Medical and Insurance Information

Medical Conditions/Allergies:

Current Medications:

Blood Type (If known):

Health Insurance Provider (International coverage):

Policy/Group Number:

6. Authorization and Consent Statement

I/We, the undersigned parent(s) or legal guardian(s) of the minor child named above, hereby authorize the accompanying adult 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 under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the country of travel.

7. Signatures

To be signed in the presence of a witness or notary public.

Parent/Guardian 1 Signature:

Date (DD/MM/YYYY):

Parent/Guardian 2 Signature:

Date (DD/MM/YYYY):

8. Notary Public Acknowledgement (Optional/Recommended)

State/Province/Region:

Country:

On this date, the individuals named above appeared before me and signed this document.

Notary Public Signature:

My Commission Expires: