

# Minor Travel Consent with Medical Authorization

## Minor Information

Name of Minor:

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Date of Birth:

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Passport/ID Number:

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## Parent/Legal Guardian Information

Name of Parent/Guardian:

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Relationship to Minor:

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Phone Number:

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Email Address:

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## Accompanying Adult (if applicable)

Name:

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Relationship to Minor:

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## Travel Details

Destination(s):

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Travel Dates (From - To):

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Purpose of Travel:

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# Medical Authorization

I authorize necessary medical treatment for the above-named minor while traveling outside my care.

Medical Insurance Provider:

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Policy Number:

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Known Allergies/Conditions:

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## Signatures

Parent/Guardian Signature:

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Date:

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