

Minor Group Travel Medical Authorization Form

Minor's Information

Full Name

Date of Birth

Age

Address

Group/Organization Name

Parent/Guardian Information

Parent/Guardian Full Name

Phone Number

Email

Emergency Contact (Other than Parent/Guardian)

Full Name

Phone Number

Relationship to Minor

Medical Information

Primary Physician Name

Physician Phone

Insurance Provider

Policy/Group #

Known Allergies or Medical Conditions

Current Medications

Doctor's Permission/Restrictions

Authorization

Authorization Statement

Parent/Guardian Signature

Date