

# Medical Consent for Minors Travel

## MINOR'S INFORMATION

Full Name

Date of Birth

Gender

Passport/ID Number

## PARENT/LEGAL GUARDIAN INFORMATION

Full Name(s)

Relationship to Minor

Contact Number

Email Address

Address

## TRAVEL DETAILS

Destination(s)

Purpose of Travel

Departure Date

Return Date

Accompanying Adult(s) Name(s)

Relationship to Minor

## MEDICAL INFORMATION

Allergies/Medical Conditions

Medications

Primary Physician Name & Contact

Insurance Provider & Policy Number

## CONSENT STATEMENT

I/We, the undersigned parent(s) or legal guardian(s), authorize necessary medical treatment for the minor listed above during the travel period specified.

## SIGNATURES

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

## WITNESS/NOTARY (IF REQUIRED)

Name

Signature

Date