

Child Medical Consent Form for Travel

Date: ____ / ____ / ____

Child's Full Name: _____

Date of Birth: ____ / ____ / ____

Passport Number (if applicable): _____

Parent/Legal Guardian Information

Full Name: _____

Relationship to Child: Mother Father Legal Guardian Other:

Phone Number: _____

Email: _____

Accompanying Adult Information

Full Name: _____

Relationship to Child: Grandparent Relative Friend Other:

Phone Number: _____

Medical Consent

I, [Parent/Guardian Name], hereby authorize [Accompanying Adult Name] to obtain and authorize medical treatment for my child [Child's Name] while traveling.

This authorization applies to:

- Emergency Medical Treatment
- Routine Medical Check-ups
- Prescription Medication

Surgical Procedures

Other: _____

Medical Provider Information

Primary Doctor's Name: _____

Doctor's Phone Number: _____

Preferred Hospital: _____

I authorize the treating physician to provide necessary treatment if I cannot be reached.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____