

Child Travel Authorization with Medical Release

I, (Parent/Legal Guardian Name), hereby authorize my child,
(Child's Full Name), born on (Date of Birth), to travel with (Accompanying Adult's
Name), relationship to child: , from (Departure Location) to
(Destination), during the period of to (Dates of Travel).

Medical Release

In case of emergency, I authorize the above-named accompanying adult to seek and consent to any necessary medical treatment for my child, including but not limited to hospitalization, surgery, and administration of medication.

Child's primary doctor:
Doctor's phone:
Known allergies/medical conditions:

Parent/Guardian Phone Number:
Parent/Guardian Email:

Signed: (Parent/Legal Guardian)

Date:

Notary (if required): _____