

Child Travel Authorization with Medical Release

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

Doctor's phone: [REDACTED]

Known allergies/medical conditions: [REDACTED]

Parent/Guardian Phone Number: [REDACTED]

Parent/Guardian Email: [REDACTED]

Signed: [REDACTED] (Parent/Legal Guardian)

Date: [REDACTED]

Notary (if required): _____