

# Authorization to Treat Minor Form

This **printable authorization to treat minor form** is essential for school trips, allowing guardians to grant permission for medical treatment in emergencies. The form ensures that healthcare providers can act quickly while safeguarding the child's well-being. Easily downloadable and customizable, it simplifies the preparation process for any school excursion.

**Minor's Full Name:**

**Date of Birth:**

**Parent/Guardian Name:**

**Parent/Guardian Phone Number:**

**Emergency Contact (Other than Parent/Guardian):**

**Emergency Contact Phone:**

**Known Allergies/Medical Conditions:**

**Medical Insurance Provider & Policy #:**

**Authorization & Consent:**

I, the undersigned, am the parent or legal guardian of the above-named minor. In the event of illness or injury while participating in a school-sponsored trip or activity, I hereby give permission to the attending physician or qualified medical professional to administer emergency medical treatment as deemed necessary for the health and well-being of my child. I understand that all reasonable efforts will be made to contact me prior to such treatment.

**Parent/Guardian Signature:**

Sign here

**Date:**

**Note:** Please return this completed form to the school office prior to the scheduled trip. A separate form may be required for each student.