

Authorization to Treat Minor

The **Authorization to Treat Minor** form is essential for granting medical consent when traveling without a parent or guardian. It ensures that healthcare providers can legally treat the child in case of emergencies. This document helps facilitate safe and worry-free travel for minors.

Sample Form

Minor's Information

Full Name:

Date of Birth:

Home Address:

Parent/Guardian Information

Full Name:

Relationship to Minor:

Phone Number:

Authorized Adult Accompanying Minor

Full Name:

Phone Number:

Medical Information

Known Allergies:

Current Medications:

Health Insurance Provider:

Policy Number:

Authorization

I, the undersigned parent or legal guardian of the above-named minor, hereby authorize emergency medical, dental, or surgical treatment for my child during the course of travel, to be administered by a licensed healthcare provider.

Parent/Guardian Signature:

Date:

Note: It is recommended to have this document notarized for added legal validity.