

Authorization to Treat Minor Form Sample

This **Authorization to Treat Minor** form sample is essential for parents or guardians to grant medical consent for their child during out-of-state travel. It ensures healthcare providers can act swiftly in case of emergencies. Proper completion safeguards the minor's health and legal compliance throughout the trip.

Authorization to Treat Minor

Minor Information

Full Name of Minor:

Date of Birth:

Home Address:

Parent/Guardian Information

Parent/Guardian Name:

Phone Number:

Email Address:

Travel Details

Destination:

Dates of Travel:

Medical Information

Allergies:

Current Medications:

Medical Conditions:

Primary Physician's Name:

Physician's Phone:

Health Insurance Provider & Policy #:

Authorization & Consent

I, the undersigned parent/legal guardian of the above-named minor, hereby authorize any licensed physician, dentist, hospital, or other healthcare provider to provide medical treatment as deemed necessary in the event of illness or injury during out-of-state travel. This authorization is effective for the travel dates listed above.

Parent/Guardian Signature:

Date:

(It is recommended to also have this form notarized and provide copies to chaperones, trip leaders, and healthcare providers as needed.)