

Emergency Medical Waiver for Traveling Minors

Minor's Information

Full Name:

Date of Birth:

Passport Number (if applicable):

Address:

Parent/Guardian Information

Parent/Guardian Name:

Relationship to Minor:

Contact Number:

Email:

Travel Details

Trip Destination(s):

Trip Dates:

Chaperone(s) / Organization (if any):

Medical Information

Allergies:

Medications:

Existing Medical Conditions:**Insurance Provider & Policy Number:****Emergency Contact (other than Parent/Guardian):****Emergency Contact Phone Number:****Consent & Authorization**

I, the undersigned Parent or Guardian, authorize emergency medical treatment for the above-named minor during their travel. This waiver grants permission to any licensed healthcare provider or medical institution to provide all necessary medical treatment in case of emergency. I agree to hold harmless any individuals, organizations, or healthcare providers in the event of such emergency care.

Parent/Guardian Signature: _____ Date: _____