

# Emergency Medical Waiver for Traveling Minors

## Minor's Information

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Full Name:

Date of Birth:

Passport Number (if applicable):

Address:

## Parent/Guardian Information

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Parent/Guardian Name:

Relationship to Minor:

Contact Number:

Email:

## Travel Details

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Trip Destination(s):

Trip Dates:

Chaperone(s) / Organization (if any):

## Medical Information

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Allergies:

Medications:

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

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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: \_\_\_\_\_