

# Medical Consent Waiver for Travel Purposes

This form authorizes the undersigned adult and/or designated parties to seek and consent to medical care/treatment for the traveler named below during travel, in case of emergency or as deemed necessary.

## Traveler Information

Full Name:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Passport Number (if applicable):

\_\_\_\_\_

Address:

\_\_\_\_\_

## Parent/Guardian/Emergency Contact

Name:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Contact Number:

\_\_\_\_\_

Alternate Contact (optional):

\_\_\_\_\_

## Medical Information

Primary Physician Name & Phone:

\_\_\_\_\_

Allergies/Medical Conditions/Special Needs:

\_\_\_\_\_

Current Medications:

\_\_\_\_\_

Medical Insurance Provider & Policy #:

\_\_\_\_\_

## Consent and Waiver

I, the undersigned, hereby authorize medical treatment, hospitalization, and/or surgery as may be required in the judgment of medical professionals for the traveler named above during the course of travel. I acknowledge that I am responsible for all costs incurred and release all parties involved in this travel activity from liability for medical decisions made on behalf of the traveler.

Signature of Parent/Guardian/Consenter:

Printed Name:

\_\_\_\_\_

Date:

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