

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/Conserver:

Printed Name:

Date:
