CHILD TRAVEL CONSENT FORM

We, _____ and _____, are the parents/legal guardians of _____, born _____. We acknowledge that our child is traveling and has our consent and permission to travel with _____, our child's _____.

TRIP DETAILS

Child's name: _____

Accompanying person: _____

Travel destination: _____

Travel dates: _____ to _____

Purpose: _____

Address at destination: _____

MEDICAL CONSENT

During the time period of the trip, we authorize _____ to seek, obtain and consent to for _____as deemed necessary by a licensed medical or healthcare professional.

Any questions regarding this consent can be directed to us at the contact information attached.

_____ _____

Date

INFORMATION ABOUT TRAVELING CHILD

Full legal name of child: _____

Date of Birth: _____

Place of Birth: _____

Birth Certificate Registration Number: _____

Issuing Authority of Birth Certificate: _____

CHILD'S HEALTH INFORMATION

Health conditions (e.g. Asthma, Diabetes): _____

Allergies (e.g. to Medication, food): _____

Prescription Medication: _____

Date of Last Tetanus Injection/Booster: _____

CHILD'S MEDICAL CARE AND INSURANCE INFORMATION

Insurance Company: _____

Policy/Group Number:

Policy Holder: _____

PARENT/GUARDIAN'S INFORMATION

Parent/Guardian's Name: _____

Address: _____

Email: _____

Phone Number: _____

ALTERNATIVE EMERGENCY CONTACT PERSON'S INFORMATION

Emergency Contact's Name: _____

Email: _____

Phone Number:

_____ _____

Signature Date