

# Permission to Travel & Medical Release

A youth traveling with only one parent/guardian or no parent/guardian must possess a notarized "Permission to Travel & Medical Release Form" that authorizes the child/children to travel with said adult (i.e. grandparent), listed below, and authorizes medical treatment in case of emergency. If parents are divorced or one parent is deceased, please fill out this form and send it with the child as well as any appropriate proof that supports this authorization.

I, (We) \_\_\_\_\_ (Parent(s)) hereby give permission for my child/children, listed below, to travel to \_\_\_\_\_ with \_\_\_\_\_. I, (We) also give permission to act on my (our) behalf authorizing unexpected medical care, dental care, and hospitalization for the child/children, named below. Travel dates are from \_\_\_\_\_ (departure date) to \_\_\_\_\_ (return date).

## Names and Medical Information

Name	Age	Allergies	Medical Conditions/Medications

Family Physician: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Father (Guardian) \_\_\_\_\_ (Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother (Guardian): \_\_\_\_\_ (Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Notary

Subscribed and sworn to by: _____ before me on (Month/day/Year): _____
Notary Signature: _____
Printed Name: _____
Notary Public, State of: _____, County of: _____ My commission expires: _____
Acting in County of: _____

