AFFIDAVIT OF PARENTAL CONSENT FOR TRAVEL AND MEDICAL TREATMENT

For Travel and Treatment, Inside the United States, of a Minor Child

Without Both Birth Parents Traveling

BIRTH PARENT(S) or Legal Guardian • PLEASE TYPE OR PRINT CLEARLY•

The full name (first, middle & last) of the non-traveling parent(s) or legal guardian.
_____
_____

The address of the Parent(s) or Guardian.
_____
_____

The full name, first, middle & last of the person you authorize to travel with this child.
_____
_____

Address of the authorized person.
_____

The relationship of this person to the minor child. (Father, Mother, Uncle, Friend, Teacher, etc.)
_____

The full name, first, middle & last of the child.
_____

The child's age at the time travel begins. _____

The destination or event for travel and physical location address of the stay.
_____

_____

Dates of Travel _____

Medical Treatment Authorization Section This grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. . **Minor** Full Legal Name: _____
Home Address: _____
Date of Birth: _____ Gender: Female _____ Male _____

Information for Medical Treatment

Physician's Name and Location of Practice: _____
_____

Physician's Phone # (if known): (____)
_____ Medical Insurer/Health Plan:
_____ Policy #: _____ Allergies to Medications:
_____ Allergies (Other):
_____

Please note all conditions for which the child is currently receiving treatment:

_____

Note any other significant medical information:

_____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S) I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for _____ (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel. This authorization is effective through: _____.

Parent/Guardian / I/We [_] HAVE; [_] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment inside the United States; and that I/We AUTHORIZE; the above named person to make medical treatment decisions for the minor child listed above if needed. We have provided Emergency Contact Information below:

Home Phone: (_____) _____ Cell: _____

Work Phone: (_____) _____ Cell: _____

Alternate Name & Phone:

_____

Signature: _____

Signature: _____

(Signature of Non-Traveling Birth Parent(s) • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____, 200____

Did appear _____, & _____. Known to me to me known to be the identical person(s) whose name is subscribed to the foregoing instruments and acknowledged to me that they executed the same as their free and voluntary act and deed for the uses and purposes therein set forth. Given under my hand and seal of office the day and year last above written.

Signature of Notary Public: _____

Notary Public in and for the County of _____, And the State of _____.

My Commission Expires: _____

Affix Notary Seal at the Right Side of Page