Professional travel consent for supervised trips

Subject: Travel Medical Authorization for [Child's Name] - [Trip Dates]

Dear Medical Professionals,

I, [Parent Name], parent/legal guardian of [Child's Full Name] (DOB: [Date]), hereby authorize [Supervising Adult Name] and any licensed medical professionals to make medical decisions for my child during their travel from [Start Date] to [End Date].

This trip involves travel to [Destination] for [Purpose - school trip, camp, sports, etc.]. The supervising adult has my complete trust and authority to consent to any necessary medical treatment including emergency care, routine care, prescription medications, and diagnostic procedures.

CRITICAL MEDICAL INFORMATION:

- Known allergies: [List all allergies]
- Current medications: [List with dosages]
- Medical conditions: [List any conditions]
- Insurance Information: [Policy number and carrier]

EMERGENCY CONTACTS:

Primary: [Parent name and 24/7 phone]

Secondary: [Another contact and phone]

Family Doctor: [Name and phone]

The supervising adult, [Name], can be reached at [Phone] and has copies of insurance cards and emergency contact information.

I understand that medical emergencies may require immediate treatment, and I fully authorize such care in my absence.

Respectfully,

[Parent Signature]

[Printed Name]

[Date]

[Notarization if required]

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