

Medical Consent Letter

Date: _____

To Whom It May Concern,

I, [Parent/Guardian Name], am the legal guardian of [Minor Child's Full Name], born on [Date of Birth], who resides at [Address].

I hereby give my consent for my child to travel with [Travel Companion's Name], during the period of [Start Date] to [End Date].

In the event of a medical emergency, I authorize [Travel Companion's Name] to seek medical treatment for my child. This authorization includes the ability to make decisions regarding my child's medical care and treatment.

Emergency Contact Information:

Name: [Your Name]

Phone: [Your Phone Number]

Email: [Your Email Address]

Signature: _____

Name: [Parent/Guardian Name]

Relationship to Minor: [Parent/Guardian Relationship]