

**Medical Treatment Authorization Letter**

This letter should be in the possession of the guardian or group leader during the entire trip.

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_

Parent/Guardian's Phone Numbers: \_\_\_\_\_

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

**To Whom It May Concern:**

Our minor child(ren) \_\_\_\_\_

will be traveling with and under the temporary guardianship of:

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

During the dates of: \_\_\_\_\_

In case of medical emergency during our absence, please try to reach children's parents/guardian's first at these numbers:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that none of the legal guardians noted above can be reached by phone during a medical emergency, we authorize

Name: \_\_\_\_\_

to make any medical decisions necessary to ensure proper treatment. We will assume all expenses related to medical care for our child(ren).

The following minors: \_\_\_\_\_

are covered by a medical insurance policy issues by: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Policy ID: \_\_\_\_\_

Insurance Company's Phone: \_\_\_\_\_

**Minor's Physician Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I or we authorize the above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian

Parent/Guardian