Childcare Medical & Travel Consent Authorization

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INSTRUCTIONS FOR USE
Gives a temporary caregiver authority to seek medical care and travel with your child while in their care.
Complete and sign; notarize for stronger acceptance.

1. Child

Child full name: _____

Date of birth: _____

Blood type (optional): _____

2. Parent / Guardian

Parent/guardian name: _____

Phone: _____

Alternate phone: _____

3. Authorized Caregiver

Caregiver name: _____

Relationship: _____

Phone: _____

4. Authorization Period

Start date: _____

End date: _____

5. Medical Consent

[ ] May authorize emergency medical/dental treatment

[ ] May administer listed medications

Allergies / conditions / medications: _____

Insurance provider & policy #: _____

Child's physician & phone: _____

6. Travel Consent

[ ] May travel domestically with the child

Permitted travel details/destinations: _____

Signature

Parent / Legal Guardian
Printed Name: _____

Signature: _____

■ Notarization recommended.

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