

**EMERGENCY MEDICAL RELEASE**

(Note - This form must be completed by **BOTH** parents. If a parent has sole custody of the minor, please indicate below.)

I hereby grant permission for \_\_\_\_\_  
Name of Minor

age \_\_\_\_\_ years, who is my \_\_\_\_\_ and who was born at  
Son, daughter, Ward, Etc.

\_\_\_\_\_, on \_\_\_\_\_, to make a  
City, State, Country Birth Date

tourist visit to \_\_\_\_\_  
Country(s) to be visited

Will be accompanied by: \_\_\_\_\_ to whom I grant  
permission to make emergency medical decisions in the event of injury of my child.

Signed: \_\_\_\_\_  
Parent or Guardian

I have sole custody of this person.

\_\_\_\_\_  
Parent or Guardian

This \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.