

A22-7

**TRAVEL AUTHORIZATION AND  
CONSENT TO TREATMENT OF A MINOR**

Rev: Committee Draft 20040601

**To Be Carried While Traveling To and From Any Alateen/AI-Anon Event  
Complete This Form-Regardless of Age (Please Print)**

I do hereby authorize \_\_\_\_\_ (driver) to transport  
\_\_\_\_\_ (minor) to \_\_\_\_\_ (destination).

\_\_\_\_\_  
Authorized signature by parent or legal guardian                      Phone                      Date

In case of an emergency, (I), (We), the undersigned parents (guardians) of \_\_\_\_\_

a minor with date of birth on \_\_\_/\_\_\_/\_\_\_, do hereby authorize \_\_\_\_\_  
as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or  
treatment and hospital care which is deemed advisable by, and is tendered under the general and special  
supervision of any licensed medical and/or dental professional or an individual working under the supervision of  
any licensed medical or dental professional (professional) regardless of location.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care that  
might be required and is given to provide authority and power to the aforementioned professional in the exercise  
of his best judgment that may be deemed advisable.

This authorization is pursuant to the provisions of the Civil Code of the State of California.

This authorization shall remain effective for one year from January 1<sup>st</sup> through December 31<sup>st</sup>, 20\_\_\_, unless  
revoked sooner in writing and delivered to said agent.

**Signatures:** \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian (sign): \_\_\_\_\_

Parent or Legal Guardian (print): \_\_\_\_\_

Witness other than parent or guardian (sign): \_\_\_\_\_

Witness other than parent or guardian (print): \_\_\_\_\_

Emergency Phone Number(s): \_\_\_\_\_

Please list any allergies: \_\_\_\_\_  
**(Include medicines such as penicillin, local anesthetics, aspirin, sulfa drugs or sedatives)**

Please list any medication currently being taken:

\_\_\_\_\_

Medical Insurance Information:

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**ANYONE USING ANY MEDICATION MUST REPORT THIS INFORMATION TO THE DRIVER  
UPON ENTERING THE VEHICLE**