



**FOUNDATION FOR INTERNATIONAL  
MEDICAL RELIEF OF CHILDREN**

**WWW.FIMRC.ORG**

Travel Consent Form for Minors

Name of Child: \_\_\_\_\_

Gender: \_\_\_\_\_

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

Country Child is traveling to: \_\_\_\_\_

Name of consenting Parent/Guardian: \_\_\_\_\_

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

\_\_\_\_\_

Home phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_

Cell or alternative phone #: \_\_\_\_\_

Does the child have allergies or special medical needs if emergency medical treatment is required? (Parent is responsible for providing Child with all medications, equipment, effects, etc. necessary, for the duration of Child's travel through FIMRC's Medical Clinics Program.)

I hereby confirm that I am the parent/guardian for \_\_\_\_\_, and further confirm that I have read, signed and understood all the terms of the Volunteer Release Agreement.

I hereby confirm that the aforementioned minor child has a valid United States passport.

I do hereby solemnly swear that I have legal custody of the aforementioned minor child.

I understand that there may be instances where my child may not be under FIMRC staff supervision and/or may not be accompanied by an adult.

I further authorize FIMRC staff and/or a supervising adult/s to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the FIMRC staff and/or a supervising adult/s to render any treatment necessary, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the country in which such treatment is to occur.

Signature (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

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*ONE VISION... MANY PATHS... A CELEBRATION OF HUMANITY.*