Authorization for medical treatment while traveling

Subject: Authorization for Medical Treatment While Traveling

Dear [Medical Provider/Travel Company],

I, [Name], authorize [Accompanying Adult/Travel Companion] to consent to medical treatment for my [son/daughter/dependent], [Patient Name], during our travel from [Start Date] to [End Date].

This includes administration of medications, routine check-ups, and emergency care if necessary.

I can be reached at [Phone Number] for urgent updates.

Sincerely,

[Name]

[Date]