# Emotional letter authorizing medical decisions

Subject: Authorization for Medical Decisions

Dear School Nurse/Principal,

As the parent/guardian of [Childâ€™s Full Name], I authorize the school administration and medical staff to take necessary medical action in case of an emergency during school hours or school activities. If I am unreachable, I also authorize [Authorized Relativeâ€™s Full Name, Relationship, and Contact Number] to make immediate medical decisions on my behalf.

I trust the school to prioritize the health and safety of my child in urgent situations. Please consider this letter as my official consent.

With gratitude,

[Parent/Guardian Full Name]