

# Sample Authorization for Child Medical Treatment

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Date]

To Whom It May Concern,

I, [Your Name], as the parent/legal guardian of [Child's Name], born on [Child's Birth Date], hereby authorize [Doctor's Name] and their medical team to provide necessary medical treatment to my child for the purpose of [Specify Purpose, e.g., medical care, vaccinations], effective from [Start Date] to [End Date], or until further notice.

I grant permission for the medical team to make decisions regarding my child's health and well-being. Please consider this letter as my formal authorization for child medical treatment. Sincerely, [Your Signature]

[Your Printed Name]

[Parent/Guardian]