

# Sample Authorization for Medical Consent

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Date]

To Whom It May Concern,

I, [Your Name], as the parent/legal guardian of [Patient's Name], born on [Patient's Birth Date], hereby authorize [Doctor's Name] and their medical team to provide medical treatment and care to my child for any medical condition, effective from [Start Date] to [End Date], or until further notice.

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

Signature]

[Your Printed Name]

[Parent/Guardian]

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