

Authorization Letter for Medical Treatment (Minor)

Subject: Medical Authorization for Minor Child

To Whom It May Concern,

I, [Parent/Guardian Name], am the legal parent/guardian of [Child's Full Name], date of birth [DOB].

Due to [reason: travel, work commitment, temporary unavailability], I will be unable to accompany my child during the period of [Start Date] to [End Date].

I hereby authorize [Authorized Person's Full Name], [relationship to child], to make medical decisions on behalf of my child during this period. This includes consenting to emergency medical treatment, routine medical care, surgical procedures if necessary, and administration of medication.

Medical Information:

- Allergies: [List any allergies]
- Current Medications: [List medications]
- Medical Conditions: [List any conditions]
- Insurance Information: [Policy details]

I can be reached at [Phone Number] and [Email] for any urgent matters requiring parental consultation.

Attached are copies of my identification, my child's birth certificate, and insurance cards.

This authorization expires on [End Date].

[Your Signature]

[Printed Name]

[Date]

[Witness Signature, if required]

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