

# Parental Health Authorization Letter

Subject: Authorization for Medical Treatment of Minor

Dear [Doctor/Nurse/Healthcare Facility],

I, [Parent/Guardian Full Name], am the legal parent/guardian of [Child's Full Name], born on [Date of Birth]. I authorize [Relative/Trusted Person's Name], identified with [ID/Passport Number], to make medical decisions and approve treatment on behalf of my child during my absence from [Start Date] to [End Date].

This authorization includes routine check-ups, emergency procedures, prescription of medications, and any other necessary healthcare interventions deemed appropriate by the attending physician.

Please extend your full cooperation to [Authorized Person's Name] in case of any medical need.

Thank you,

[Parent/Guardian Name]

[Signature if printed]

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