

Permission for child to travel for medical treatment

Subject: Permission for [Child's Name] to Travel Abroad for Medical Treatment

Dear [Recipient Name],

I, [Parent/Guardian Name], authorize my child, [Child's Full Name], to travel with [Accompanying Adult Name] to [Destination Country] for medical treatment between [Departure Date] and [Return Date]. Necessary medical documents and insurance information are attached.

Please contact me at [Phone Number] or [Email Address] for any verification.

Sincerely,

[Parent/Guardian Name]

[Date]

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