

Formal parental consent for minor's medical care

Subject: Medical Treatment Authorization for [Child's Full Name]

Dear Healthcare Provider,

I, [Parent/Guardian Full Name], as the legal parent/guardian of [Child's Full Name], born on [Date of Birth], hereby grant permission for you to provide necessary medical treatment to my child.

This authorization includes routine medical care, emergency treatment, diagnostic procedures, medications, and any other medical interventions deemed necessary by the attending physician. I understand that while I will be contacted whenever possible, this consent allows treatment to proceed in emergency situations where immediate contact may not be feasible.

My child has the following medical conditions/allergies: [List any known conditions, allergies, or medications]

I can be reached at [Phone Number] or [Email Address]. In case I cannot be reached, please contact [Emergency Contact Name] at [Emergency Contact Phone].

I acknowledge that no medical procedure is 100% successful, and I understand the risks involved in medical treatment. I hereby release the medical facility and its staff from any liability arising from the treatment provided under this authorization.

This permission remains valid until [End Date] unless revoked by me in writing.

Sincerely,

[Parent/Guardian Signature]

[Printed Name]

[Date]

Get more templates here:

<https://www.lettersandtemplates.com/letters/letter-to-give-permission-for-medical-treatment>