

Authorization for medical treatment of a minor or dependent

Subject: Authorization for Medical Treatment

Dear [Medical Provider Name],

I, [Parent/Guardian Name], hereby authorize [Healthcare Facility/Doctor Name] to provide necessary medical treatment to my [son/daughter/dependent], [Patient Name], born on [DOB], in case of illness or injury.

This authorization includes but is not limited to examinations, medical procedures, prescription of medications, and emergency care as deemed necessary.

I understand that I will be informed of any significant procedures and that my contact number is [Phone Number].

Thank you for your attention and care.

Sincerely,

[Parent/Guardian Name]

[Date]

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