

Emergency Medical Care Permission

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

To Whom It May Concern,

I, [Parent's Full Name], parent/guardian of [Child's Full Name] (DOB: [Date of Birth]), hereby authorize [Authorized Person/Institution] to seek and consent to any necessary medical treatment for my child during [Time Period/Event].

This authorization includes but is not limited to: emergency medical care, routine medical procedures, administration of prescribed medications, and consultation with healthcare professionals. I understand that every reasonable effort will be made to contact me before any major medical decisions are made.

Emergency Contacts:

Primary: [Name and Phone Number]

Secondary: [Name and Phone Number]

Medical Information:

Allergies: [List any allergies or write "None known"]

Current Medications: [List medications or write "None"]

Medical Conditions: [List conditions or write "None"]

Insurance Provider: [Insurance Company and Policy Number]

This authorization remains valid from [Start Date] through [End Date].

[Parent's Full Name]

[Date]

[Signature]

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