Authorization Letter for Medical Treatment of Minor

[Your Name]

[Your Address]

[Date]

Dear Medical Staff at [Hospital/Clinic Name],

I, [Your Full Name], parent/legal guardian of [Child's Full Name], born on [Date of Birth], hereby authorize [Authorized Person's Name] to make medical decisions on behalf of my child in my absence.

This authorization is effective from [Start Date] to [End Date] and includes consent for emergency medical treatment, routine medical care, administration of prescribed medications, and access to medical records.

[Authorized Person's Name] can be reached at [Phone Number] and carries this letter along with copies of relevant identification and insurance documents.

In case of emergency, I can be contacted at [Your Phone Number] or [Alternative Contact].

I understand that I remain legally responsible for all medical expenses incurred.

Thank you for your understanding and cooperation.

Sincerely,

[Your Signature]

[Printed Name]

[Relationship to Child]