

Parental Consent for Adolescent Sexual Health Services

Date: [Date]

To Whom It May Concern:

I, [Parent/Guardian Name], am the legal guardian of [Adolescent's Name], who is [Adolescent's Age] years old. I understand that [Adolescent's Name] is seeking sexual health services at [Facility/Clinic Name].

I acknowledge the importance of sexual health education and services for adolescents and I hereby give my consent for [Adolescent's Name] to receive the necessary services, which may include but are not limited to:

- Sexual health education
- Confidential counseling
- Testing and treatment for sexually transmitted infections
- Contraceptive services

I understand that the information shared during these services will be kept confidential, and I support [Adolescent's Name] in making informed decisions regarding their sexual health.

Should you have any questions or require further confirmation, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Parent/Guardian Name]

[Parent/Guardian Signature]