

Letter of Assent for Pediatric Medical Treatment

Date: [Insert Date]

To: [Insert Healthcare Provider's Name]

Address: [Insert Address]

Dear [Healthcare Provider's Name],

I, [Parent/Guardian's Name], the parent/legal guardian of [Child's Name], give my assent for my child to receive the following medical treatment:

Treatment Description: [Insert Description]

Rationale for Treatment: [Insert Rationale]

I have been informed of the nature of the treatment, its risks, benefits, and alternatives, and I have had the opportunity to ask questions. I understand that my child can withdraw from the treatment at any time without affecting future care.

By signing this letter, I give my consent for [Child's Name] to proceed with the suggested treatment.

Signature of Parent/Guardian: _____

Name: [Insert Name]

Relationship to Child: [Insert Relationship]

Date: [Insert Date]

Thank you for your attention to this matter.

Sincerely,

[Parent/Guardian's Name]