

Hospital Admission Communication

Date: [Date]

To: [Parent/Guardian Name]

[Parent/Guardian Address]

Dear [Parent/Guardian Name],

We are writing to inform you about the upcoming admission of your child, **[Child's Name]**, to **[Hospital Name]** for pediatric care. Your child's admission is scheduled for **[Admission Date]** at **[Admission Time]**.

Please ensure that you arrive at the hospital at least 30 minutes prior to the scheduled admission time. Upon arrival, please check in at the **[Reception/Designated Area]**.

If you have any questions or need to reschedule the admission, feel free to contact us at **[Contact Number]** or **[Email Address]**.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Hospital Name]

[Hospital Contact Information]