

# Guardianship Approval for Medical Treatment

Date: [Insert Date]

To Whom It May Concern,

This letter serves to confirm that I, [Guardian's Full Name], am the legal guardian of [Child's Full Name], born on [Child's Date of Birth]. I am providing my consent for [Child's Full Name] to receive medical treatment as advised by the attending physician, [Physician's Name], at [Medical Facility Name].

I understand the nature of the treatment and the associated risks. I fully support this medical intervention to ensure [Child's Full Name] receives the necessary care.

Please feel free to contact me at [Guardian's Phone Number] or [Guardian's Email Address] should you require any further information or clarification.

Sincerely,

[Guardian's Signature]

[Guardian's Full Name]

[Guardian's Address]