

Emergency Medical Treatment Permission Letter

Date: _____

To Whom It May Concern,

I, **[Your Name]**, the parent/guardian of **[Child's Name]**, born on **[Date of Birth]**, hereby give my permission for my child to receive emergency medical treatment in case of a medical emergency.

In the event that I cannot be reached, I authorize **[Name of Authorized Person]** to make medical decisions on behalf of my child.

This authorization includes any necessary medical procedures and treatment deemed necessary by a licensed medical professional.

If you have any questions, please feel free to contact me at **[Your Phone Number]**.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

Signature: _____