

Guardian Approval for Medical Treatment

Date: _____

To Whom It May Concern,

I, [Guardian's Name], hereby give my full consent for my minor child, [Child's Name], to receive medical treatment from [Name of Medical Provider/Facility] located at [Address of Medical Provider/Facility].

As the legal guardian of [Child's Name], I understand the procedures involved in the treatment and I authorize the medical team to perform the necessary medical actions for [his/her] health and well-being.

If you have any questions or require further information, please feel free to contact me at [Guardian's Phone Number] or [Guardian's Email Address].

Sincerely,

[Guardian's Signature]

[Guardian's Printed Name]

[Guardian's Address]