

Medical Treatment Authorization Letter

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, am the parent/guardian of **[Patient's Full Name]**, who is **[Patient's Age]** years old.

I hereby authorize urgent care treatment for my child in case of a medical emergency. This authorization allows the healthcare providers at **[Urgent Care Facility Name]** to provide necessary medical treatment without delay.

In the event I cannot be reached, I grant permission to the medical staff to make decisions regarding the treatment of my child. I understand that all treatments will be explained to me as soon as possible.

Please find my contact information below:

Phone Number: **[Your Phone Number]**

Email: **[Your Email Address]**

Thank you for your attention to this matter.

Sincerely,

[Your Full Name]

[Your Signature (if printed)]