

Letter of Authority to Administer Medication

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], the parent/legal guardian of [Minor's Full Name], born on [Minor's Birthdate], hereby authorize [Authorized Person's Full Name] to administer medication to my child.

Details of the Medication:

- Medication Name: [Insert Medication Name]
- Dose: [Insert Dose]
- Frequency: [Insert Frequency]
- Duration: [Insert Duration]

This authorization is valid from [Start Date] to [End Date].

Thank you for your cooperation.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]