

Authorization for Emergency Medical Services

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], the parent/legal guardian of [Child's Full Name], born on [Child's Date of Birth], hereby authorize medical personnel to provide emergency medical services to my child in the event that I am unable to be reached.

In the case of an emergency, please contact:

- Primary Contact: [Your Name]
- Phone Number: [Your Phone Number]
- Secondary Contact: [Alternative Contact Name]
- Phone Number: [Alternative Contact Phone Number]

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

[Your Address]

[Your Email Address]