

Emergency Healthcare Consent Letter

Date: _____

To Whom It May Concern,

I, **[Parent/Guardian's Name]**, the parent/legal guardian of **[Child's Name]**, born on **[Child's Date of Birth]**, hereby give my consent for emergency medical treatment to be administered to my child in the event of an emergency.

In the absence of my presence, I authorize **[Emergency Contact Name]** at **[Emergency Contact Number]** to make healthcare decisions on my behalf.

I understand that this consent is valid until revoked in writing.

For any medical providers needing to verify this consent, you may contact me at **[Parent/Guardian's Phone Number]** or **[Parent/Guardian's Email]**.

Thank you for your attention and care.

Sincerely,

[Parent/Guardian's Name]

[Parent/Guardian's Signature]

[Date]