

Emergency Medical Authorization

Date: **[Date]**

To Whom It May Concern,

I, **[Parent/Guardian Name]**, am the legal guardian of **[Child's Full Name]**, born on **[Child's Date of Birth]**. In the event of an emergency where immediate medical attention is required and I cannot be reached, I hereby grant authorization for **[Guardian's Name]** to obtain medical treatment for my child.

This authorization includes, but is not limited to, emergency medical care, necessary injections, anesthesia, surgery, and transfer to a medical facility if required.

Guardian's Contact Information:

Name: **[Guardian's Name]**

Phone: **[Guardian's Phone Number]**

Address: **[Guardian's Address]**

Parent/Guardian Contact Information:

Name: **[Parent/Guardian Name]**

Phone: **[Parent/Guardian Phone Number]**

Address: **[Parent/Guardian Address]**

This authorization is effective as of **[Effective Date]** and will remain in effect until **[End Date]** or until revoked in writing.

Thank you for your attention to this matter.

Sincerely,

[Parent/Guardian Name]

Signature: _____

Date: _____