

Healthcare Authorization Letter for Emergency Treatment

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], am the parent/legal guardian of [Child's Name], born on [Child's Date of Birth]. I hereby authorize [Name of Healthcare Provider/Facility] to provide emergency medical treatment to my child in the event that I am not available and immediate attention is required.

This authorization is effective immediately and will remain in effect until [End Date or "revoked in writing by me"].

In case of an emergency, please contact me at [Your Phone Number] or [Your Email Address]. In my absence, please contact the following individuals:

- [Emergency Contact Name 1] - [Phone Number]
- [Emergency Contact Name 2] - [Phone Number]

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Address]

[Your Phone Number]