

# Medical Emergency Authorization for Minor Child

Date: \_\_\_\_\_

To Whom It May Concern,

I, **Parent/Guardian Name**, residing at **Address**, am the parent/legal guardian of **Child's Full Name**, born on **Date of Birth**.

In the event of a medical emergency, I hereby authorize **Name of the Authorized Person** (relationship to the child), to make medical decisions on behalf of my child and to seek any necessary medical treatment at **Medical Facility Name** or any other appropriate medical center.

This authorization includes, but is not limited to, the following:

- Consent for medical examination, treatment, and procedures.
- Permission to release medical information to relevant medical personnel.
- Authorization for emergency medical transportation if necessary.

Please feel free to contact me at **Phone Number** or **Email Address** if you have any questions regarding this authorization.

Thank you for your attention to this matter.

Sincerely,

**Parent/Guardian Name**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_