

Parental Permission Letter for Medical Treatment

Date: [Insert Date]

To Whom It May Concern,

I, [Parent/Guardian Name], am the parent/legal guardian of [Child's Name], born on [Child's Date of Birth]. I hereby give my permission for my child to receive medical treatment as deemed necessary by the medical professionals at [Name of Medical Facility/Doctor's Office].

In case of an emergency, I can be reached at [Your Phone Number] or [Your Email Address].

I understand the nature of the treatment and the potential risks involved. I also confirm that my child has no known allergies or medical conditions that would interfere with the treatment.

Thank you for your attention to this matter.

Sincerely,

[Parent/Guardian Signature]

[Parent/Guardian Name]

[Address]

[City, State, ZIP Code]