

Minor Supervision Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], am the parent/guardian of [Minor's Name], born on [Minor's Date of Birth]. I hereby authorize [Supervisor's Name] to supervise my child during [specific activity or time period], starting from [start date] to [end date].

[Supervisor's Name] can be reached at [Supervisor's Phone Number] or [Supervisor's Email]. I trust that [he/she/they] will provide a safe and nurturing environment for my child.

If you have any questions or require further verification, please feel free to contact me at [Your Phone Number] or [Your Email].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]