

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Title]
[Organization/School Name]
[Organization/School Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Parental Authorization

I, [Your Full Name], am the parent/guardian of [Child's Full Name], born on [Child's Date of Birth]. I hereby provide my authorization for [specific activity, event, or purpose, e.g., participation in a field trip, medical treatment, etc.].

Details of the activity are as follows:

- Event/Activity: [Event Name]
- Date(s): [Date(s)]
- Location: [Location]

I understand the nature of the [activity] and any associated risks. I allow my child to participate and confirm that all information provided is accurate.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you have any questions or require further information.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]