

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

Dear [Guardian's Name],

I hope this letter finds you well. I am writing to seek your consent regarding medical matters related to [Child's Name], who is currently under my care.

As their [relationship to child, e.g., parent, legal guardian], I want to ensure that all necessary medical decisions can be made promptly and effectively for their well-being. This includes permission for routine medical examinations, vaccinations, and any emergency care that may be needed.

I kindly request that you provide your written consent for me to make medical decisions on behalf of [Child's Name]. Please fill out the attached consent form and return it to me at your earliest convenience. Thank you for your attention to this matter and for your continued support.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]