

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

[Recipient's Name]
[Recipient's Title]
[Medical Facility/School Name]
[Facility/School Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I, [Parent/Guardian's Name], am writing to provide medical permission for my child, [Child's Name], who is [Child's Age] years old, to receive medical treatment at [Medical Facility/School Name].

I grant permission for [Child's Name] to receive any necessary medical care as determined by the medical staff in case of an emergency. In the event that my child requires treatment, I can be reached at [Your Phone Number] for further consent if needed.

Please find attached any relevant medical documentation for [Child's Name].

Thank you for your attention to this matter.

Sincerely,

[Parent/Guardian's Signature]
[Parent/Guardian's Printed Name]
[Relationship to Child]