

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

To,

The Principal,
[School/College Name]
[Institution Address]
[City, State, Zip Code]

Subject: Consent Letter for PCMC

Dear [Principal's Name],

I, [Your Name], parent/guardian of [Child's Name], studying in
[Grade/Class] at [School/College Name], hereby give my consent for my
child to participate in the PCMC (Practical Certificate in Medical
Course) program.

I understand the details regarding the program and the responsibilities
involved. I assure you that we will uphold the necessary guidelines and
support [Child's Name] throughout the course.

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

Thank you for your attention.

Sincerely,

[Your Signature]

[Your Name]

[Relationship to Child]