

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title/Position]
[Organization/School Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I, [Your Name], am the parent/legal guardian of [Child's Full Name], born on [Child's Date of Birth]. I hereby authorize [Name of Person/Organization] to act on my behalf regarding [specific purpose, e.g., medical treatment, school activities, travel].

This authorization will remain in effect from [Start Date] until [End Date] or until revoked by me in writing.

Please find my contact details above should you require any verification or additional information.

Signature,

[Your Name]
[Your Relationship to the Child]