

****Ohio Parental Consent Letter Template****

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Recipient's Title/Organization]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient Name],

Subject: Parental Consent for [specific purpose, e.g., medical treatment, school trip, etc.]

I, [Your Name], am the legal parent/guardian of [Child's Full Name], who is [Child's Age] years old and currently enrolled in [School/Program Name].

I hereby give my consent for [Child's Full Name] to [describe the activity or purpose that requires consent, e.g., participate in a school field trip, receive medical treatment, etc.].

Details of the activity are as follows:

- ****Date of Activity:**** [Insert date]
- ****Location:**** [Insert location]
- ****Duration:**** [Insert duration]
- ****Supervising Adults:**** [Names of adults supervising]

I understand that I have the right to withdraw my consent at any time prior to the activity.

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

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]