

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

[Recipient Name]
YJ School
[School Address]
[City, State, ZIP Code]

Dear [Recipient Name],

I, [Your Name], am the parent/guardian of [Child's Name], who is a student in [Grade/Class] at YJ School. I am writing to provide my consent for any necessary medical treatment that may be required during school hours or school-sponsored activities.

In the event that my child requires medical attention, I authorize the school staff to take appropriate action, including contacting a medical professional if necessary. I understand that every effort will be made to contact me prior to any treatment, but I acknowledge that immediate care may be essential.

Please find any relevant medical information and emergency contact details below:

- Child's Name: [Child's Name]
- Date of Birth: [Child's Date of Birth]
- Allergies/Medical Conditions: [List any allergies or conditions]
- Emergency Contact Name: [Emergency Contact Name]
- Emergency Contact Phone Number: [Emergency Contact Phone Number]

Thank you for your attention to this matter. Please do not hesitate to reach out if further information is required.

Sincerely,

[Your Signature]
[Your Printed Name]