

Blank Authorization Letter Template for Medical Consent

Date: _____

To Whom It May Concern,

I, _____, born on _____, residing at _____, am the parent/legal guardian of _____, born on _____.

I hereby authorize _____ to consent to any necessary medical or surgical treatment for my child/ward in the event of an emergency or when I am not available to give such consent myself.

This authorization is valid from _____ to _____.

Please contact me at _____ in case of any queries or emergencies.

Signature of Parent/Guardian:

Name: _____

Relationship to Child: _____