

Your Name
Street Address
City, State ZIP

Date

RE: Medical Treatment for [First Name] [Last Name]

To Whom It May Concern:

I am [state relationship to child, i.e., John Child's mother]. I authorize [name and relationship] to seek and obtain medical care on behalf of [child's name] and make any decisions regarding emergency medical treatment for [child's name].

[Child's name] insurance carrier is [insurance company]. The policy number is [number here].

If you have any questions, please call me at [phone number].

Sincerely,

[Your name]

NOTARIZE HERE