

## Medical Treatment Authorization Letter

\_\_\_\_\_  
Date

To Traverse Area Pediatric & Adolescent Clinic:

\_\_\_\_\_ has our permission to obtain and order medical treatment and care for our child \_\_\_\_\_ in our absence. They are empowered to make medical treatment decisions while we are absent and also to sign any and all medical paperwork so that \_\_\_\_\_ may receive proper and prompt medical treatment.

This notice is valid until we provide another written notice stating otherwise, or until we are present to make these decisions ourselves. Thank you for your cooperation in this matter, and please call \_\_\_\_\_ at once if you have any questions or concerns.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Witness

Aug2011