

Medical Emergency Travel Authorization

Subject: URGENT - Medical Travel Authorization for Minor

To All Concerned Medical and Transportation Personnel,

This letter serves as emergency authorization for [Child's Full Name], DOB: [Date], to travel for urgent medical treatment. As [Child's Name]'s [relationship], I grant permission for immediate medical transport to [Medical Facility] in [Location].

[Child's Name] requires [Brief description of medical condition/treatment needed]. Time is of critical importance for my child's health and wellbeing.

I authorize [Accompanying Medical Personnel/Guardian Name] to make any necessary medical decisions in my absence and during transport. All medical expenses will be covered by [Insurance Information/Financial Arrangements].

I can be reached immediately at [Emergency Phone Numbers]. Medical history and insurance cards are attached to this authorization.

Please provide my child with the urgent care needed.

[Your Name]

[Relationship to Child]

[Signature]

[Date and Time]

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