

**Authorization Letter**  
(Educational Authorization Letter)

[Your Name]  
[Your Address]  
[City, State, ZIP Code]

[Date]

[School Name]  
[School Address]

[City, State, ZIP Code]

Dear [School Administrator],

I, [Your Name], hereby authorize [Authorized Person's Name] to make decisions regarding medical treatment for my child, [Child's Name], while they are under the care of [School Name]. [Authorized Person's Name] is permitted to administer medication, seek medical attention, and sign consent forms on my behalf during school hours.

This authorization is valid from [Start Date] to [End Date].

Thank you for your cooperation.

Sincerely,  
[Your Signature]  
[Your Name]