**Permission Letter to Take Child to Doctor**

[Your Name]

[Your Address]

[Your City, State Zip Code]

[Your Phone Number]

[Your Email]

[Date]

[Name]

[Title]

[Organization]

[Address]

[City, State Zip Code]

Respected Mr. /Ms. Last Name:

Re: Permission Letter from Parents for Medical

Dear [Name of the other parent or guardian],

I am writing to you to request your permission to take your son/daughter, [name of the child], to see a doctor. He/she is currently suffering from [name of sickness] and I believe that it would be in his/her best interests to receive medical treatment.

As per the prevailing laws, I have to seek and obtain express permission from the bonafide parents of the child. That is why I ask you to draft a letter to that effect.

I understand that you may not be able to give your permission at this time. If that is the case, please contact me as soon as possible so that we can discuss alternative arrangements.

Kindly move with haste as the sickness might intensify if not mitigated in time.

Thank you for your time,

Respectfully,

[Your name]

[Signature (hard copy letter)]

[FirstName LastName]