

# Legal Guardian Authorization Letter for Minors

Date: \_\_\_\_\_

To Whom It May Concern,

I, \_\_\_\_\_ (Full Name of Legal Guardian), residing at  
\_\_\_\_\_ (Address), am the legal guardian of:

Minor's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ (Authorized Person's Name), whose relationship to the  
minor is \_\_\_\_\_, to act on my behalf and make decisions regarding the care,  
wellbeing, travel, and/or medical treatment of the above-mentioned minor child during my absence from  
\_\_\_\_\_ to \_\_\_\_\_ (Duration).

This authorization is granted freely and voluntarily and will remain in effect for the dates specified above, unless  
revoked in writing by me prior to that date.

Should you have any questions regarding this authorization, please contact me at  
\_\_\_\_\_ (Phone Number) or \_\_\_\_\_ (Email).

**Signature of Legal Guardian:**

\_\_\_\_\_

**Full Name:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Signature of Authorized Person:**

\_\_\_\_\_

**Full Name:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_