

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: