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| **Authority Letter** | [Email] |
| Travel Alone | [Address] |
|  | [Phone] |

TO [Receiver Name] [Receiver Title]

**Subject:** Authorization for [Child's Full Name] to Travel Alone for Specialist Appointment

Dear [Recipient's Name],

I am writing this letter to inform you that I, [Your Name], am the parent/legal guardian of [Child's Full Name], who is a minor born on [Child's Date of Birth]. I hereby grant permission for my child to travel alone to attend a specialist appointment scheduled for [Date] at [Specialist's Name and Address]. The purpose of this trip is to seek medical consultation and treatment for [Brief Description of Child's Condition/Issue].

I have full confidence in my child's ability to manage this journey responsibly and adhere to all guidelines and instructions provided. To ensure their safety and well-being throughout the trip, [Individual's Name/Group/Organization] will be accompanying and supervising my child during the entire duration of their travel. [Briefly describe the individual, organization, or group, including any relevant credentials or qualifications that establish their capability to provide appropriate care and assistance.]

I understand the importance of this medical appointment and have made all necessary arrangements to facilitate my child's travel and accommodation. I have attached a copy of my identification documents, [Your Identification Document, e.g., Passport/Driver's License], and my child's identification documents,[Child's Identification Document, e.g., Birth Certificate/Passport], along with this letter for your reference.

I authorize [Individual's Name/Group/Organization] to make any necessary decisions on my behalf related to my child's travel, medical treatment, and accommodation arrangements. I also grant permission for any medical procedures or treatments recommended by the specialist to be administered to my child, in my absence, if deemed necessary.

Please ensure that my child's safety, comfort, and well-being are prioritized throughout their journey. I kindly request you to keep me informed of any developments, progress, or concerns regarding my child's travel and medical treatment.

Thank you for your assistance and cooperation in this matter. I trust that [Individual's Name/Group/Organization] will provide the necessary support and care to ensure a smooth and successful trip for my child.

Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] if you require any further information or have any questions.

Sincerely,

[Your Name]

[Your Signature]

**Attachments:** List of Attached Documents, e.g., Copy of Identification Documents, Medical Records, Specialist's Appointment Confirmation, etc