

Medical Consent Letter Format (for Minor's Treatment)

Aisha Khan
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Date: 21/05/2025

To Whom It May Concern,

I, Aisha Khan, mother of Rehan Khan (age 10), give my full consent for Dr. Anil Kumar and the staff at City Hospital, Bangalore to provide medical treatment to my son for his scheduled surgery on 23rd May 2025.

I understand the procedure and its potential risks. I authorize the doctors to proceed with necessary medical treatment, anesthesia, and related care as advised.

Please contact me for any clarification or emergencies.

Thank you.

Sincerely,
[Signature]
Aisha Khan

