

## *Sample notification letter*

*For hospitals/facilities to send after examining a minor without parental consent*

*Date*

*Parent/Guardian Name*

*Address*

*City, State, Zip*

*Minor Patient's Name*

*Date of Examination*

*Dear Parent or Guardian:*

On the date indicated above, your child was treated in the emergency department of our hospital/facility. This examination is not your financial responsibility.

If you have any questions, please call *(Name of Contact Person)*, at *(Phone Number of Contact Person)*.

Sincerely,

*Signature*

*Typed Name*

*Title*

*c: Minor Patient*