Date: [Date]

To: [Trip Organizer / School Administration / Trekking Lead]

RE: Medical Clearance for High Altitude Excursion

Patient Name: [Child's Full Name]
Date of Birth: [DOB]
Destination: [Location/Region]
Maximum Altitude: [Expected Altitude in Meters or Feet]

To whom it may concern,

I am the primary care physician for the above-named patient. I have performed a medical evaluation of the child and reviewed their medical history in relation to the planned high-altitude excursion.

Medical Status:
The patient is currently in good health and has no known contraindications to traveling to high altitudes. Their immunizations are up to date, and their physical examination was within normal limits.

Pre-existing Conditions:
[None / List conditions such as Asthma, Cardiac Issues, etc.]

Prescribed Medications:
The child is authorized to carry and use the following medications if necessary:

- [Medication Name/Dosage] for [Indication]
- [Medication Name/Dosage] for [Indication]

High Altitude Recommendations:
I have discussed the symptoms of Acute Mountain Sickness (AMS), High Altitude Cerebral Edema (HACE), and High Altitude Pulmonary Edema (HAPE) with the family. I recommend a gradual ascent profile and adequate hydration. If the child develops persistent headache, vomiting, or respiratory distress, they should descend immediately and seek medical attention.

Physician's Conclusion:
[Child's Name] is medically cleared to participate in this excursion.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Clinic/Hospital Name]

[Phone Number]
[Medical License Number]