Date: [Insert Date]

To: [Employer Name/Human Resources Department]
Company Name: [Insert Company Name]
Company Address: [Insert Company Address]

Subject: Medical Authorization for Newborn Bonding Leave

To Whom It May Concern,

This letter serves to formally certify that **[Employee Name]** is a patient under the care of **[Clinic/Physician Name]**.

We are confirming the birth of a child to the aforementioned patient (or their partner) on **[Date of Birth]**. In accordance with standard medical recommendations for infant health and family wellness, we authorize and recommend a period of bonding leave for the parent.

The recommended duration for this leave is from **[Start Date]** to **[End Date]**. During this time, the parent is expected to be available for the newborn's primary care, medical appointments, and essential bonding activities.

If you require any further medical documentation or clarification regarding this request, please contact our office directly at **[Phone Number]**.

Sincerely,

[Physician Signature]
[Physician Name, Title]
[Clinic Name]
[Clinic Stamp/License Number]