Date: [Date]

To: [Employer Name/HR Department]
From: [Physician Name, MD/DO]
Facility: [Medical Practice/Hospital Name]
Subject: Medical Certification for Family Caregiver Leave

Patient Name: [Child's Full Name]
Patient Date of Birth: [DOB]
Caregiver Name: [Parent/Guardian Name]

To Whom It May Concern,

I am the treating physician for the patient named above. This letter serves as medical certification that the patient has a serious health condition that requires the assistance and presence of their caregiver, [Caregiver Name], for medical treatment and/or recovery.

Medical Necessity Details:

- **Condition Start Date:** [Date]
- **Expected Duration:** [Number of days/weeks or "Indefinite"]
- **Nature of Care:** The patient requires assistance with basic medical needs, safety, transportation to appointments, and/or constant supervision during their recovery period.

Requested Leave Schedule:

[Insert specific details: e.g., Continuous leave from Date to Date OR Intermittent leave as needed for flare-ups/appointments].

Please provide [Caregiver Name] with the necessary leave from work to facilitate the care of this pediatric patient. If you require further information, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Printed Name]
[Medical License Number]
[Office Stamp/Address]