**AUTHORIZATION LETTER SAMPLE**

[Sender’s Name, address, and contact details]

Date and Time:

To whom it may concern,

I (the guardian of Mr. ABC) hereby authorize and give full authority to [friend BCDE] to have the sole medical responsibility when I am away. During this period from (date1) to (date2), you are expected to give the following —————–medicines at the prescribed time. A copy of the prescription is enclosed for more clarity.

Thanks in advance for cooperating in this manner. In case of any doubts, please feel free to call me on my number mentioned above.

Sincerely,

[Name]

[Signature]

Enclosed: Prescription Document