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| **Authority Letter**for Medical Treatment |

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| To[Receiver Name][Receiver Title][Addess][Email] |
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| From[Sender Name][Sender Title][Addess][Email] |

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Dear [Your Name]I, [Your Full Legal Name], hereby authorize the medical professionals at [Medical Facility's Name] to provide medical treatment and care to my [Family Member's Full Name] in my absence.This authorization includes consenting to any necessary medical procedures, surgeries, and administration of medications. [Family Member's Full Name] is [Your Relationship to Family Member, e.g., spouse, child, parent], and I grant them full authority to make medical decisions on my behalf.By notarizing this letter, I affirm that I have willingly granted this authorization and that [Family Member's Full Name] is aware of their responsibilities in my absence.Sincerely,[Your Full Legal Name][Notarization Statement] |