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| **Authority Letter** | [Email] |
| Minor's Medical Treatment | [Address] |
|  | [Phone] |

TO [Receiver Name] [Receiver Title]

**Subject:** Authorization for Minor's Medical Treatment

Dear Dr. Williams,

I, John Smith, am the legal parent/guardian of Emma Smith, born on July 10, 20XX, and I hereby authorize Samantha Johnson, to act as my authorized agent to make medical decisions and provide consent for any necessary medical treatment on behalf of my minor child.

**In my absence or unavailability due to unforeseen circumstances, Samantha Johnson is empowered to:**

1. Seek medical treatment and make decisions regarding medical procedures, surgeries, or any other medical interventions required for the well-being of my minor child.
2. Provide medical history and information about the minor child to healthcare professionals.
3. Sign any necessary medical consent forms and other related documents on my behalf.
4. This authorization is valid from August 10, 20XX, to August 10, 20XX, unless revoked earlier in writing by myself.

I understand that this authorization is given voluntarily, and I trust Samantha Johnson to make decisions in the best interest of my minor child's health and well-being.

I will do my best to remain reachable and provide any necessary information, but I acknowledge and accept that Samantha Johnson has the authority to make medical decisions in my absence.

Please feel free to contact me at (555) 123-4567 or john.smith@email.com for any questions or clarifications.

Thank you for your understanding and cooperation in this matter.

Sincerely,

John Smith