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| **Authority Letter**  Medical Treatment |
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**Subject:** Authorization for Medical Treatment of Dependent Family Member Dear Dr. Williams, I, John Smith, residing at 123 Maple Street, Los Angeles, CA 90001, am writing this letter to authorize my daughter, Jessica Smith, to provide consent and make decisions regarding the medical treatment of my dependent family member, my son, Ethan Smith, who is 10 years old. I understand that there may arise situations where immediate medical attention is required, and it may not be possible for me to be present to provide consent for necessary medical procedures. Therefore, I hereby grant full authority to my daughter, Jessica Smith, to act on my behalf and make decisions related to the medical treatment, care, and procedures for Ethan Smith. **This authorization includes, but is not limited to, the following:** 1. Consent for medical examinations, tests, and procedures.
2. Authorization for administration of medications as prescribed by medical professionals.
3. Approval for surgical procedures if deemed necessary by attending medical personnel.
4. Access to medical records and the ability to discuss the medical condition with healthcare providers.

This authorization is valid from August 5, 20XX, to December 31, 20XX, unless otherwise revoked in writing by me. Jessica Smith is authorized to provide any information or documentation required by the medical facility to validate this authorization. I kindly request that you honor this authorization and provide all necessary medical care and attention to my dependent family member as directed by Jessica Smith. I will not hold Sunshine Medical Center or any member of your medical staff responsible for any actions taken in good faith based on this authorization. Please feel free to contact me at (555) 123-4567 or john.smith@email.com if you require any further information or confirmation of this authorization. Thank you for your understanding and cooperation in this matter. Sincerely, John Smith  |