|  |  |
| --- | --- |
| **Authority Letter** | [Email] |
| Medical Treatment | [Address] |
|  | [Phone] |

TO [Receiver Name] [Receiver Title]

**Subject:** Authorization for Medical Treatment of Dependent Family Member

Dear [Recipient's Name],

I, [Your Full Name], residing at [Your Address], am writing this letter to authorize [Agent's Full Name], my trusted family member, to provide consent and make decisions regarding the medical treatment of my dependent family member, [Dependent's Full Name], who is [Age] 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 [Agent's Full Name] to act on my behalf and make decisions related to the medical treatment, care, and procedures for [Dependent's Full Name].

**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.

This authorization is valid from [Start Date] to [End Date], unless otherwise revoked in writing by me. [Agent's Full Name] 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 [Agent's Full Name]. I will not hold [Recipient's Name] 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 [Your Phone Number] or [Your Email Address] if you require any further information or confirmation of this authorization.

Thank you for your understanding and cooperation in this matter.

Sincerely,

[Your Full Name]

[Your Signature]