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

TO [Receiver Name] [Receiver Title]

**Subject:** Authorization for Medical Treatment for [Child's Full Name]

To Whom It May Concern,

I, [Your Full Name], am the legal parent/guardian of [Child's Full Name], born on [Child's Date of Birth], and I am writing this letter to grant medical authorization to my designated agent, [Grandparent's Full Name], during my absence from [Date of Departure] to [Date of Return]. I will be traveling internationally, and, in my absence, I hereby authorize [Grandparent's Full Name] to make medical decisions and provide consent for any necessary medical treatment on behalf of my child.

**This authorization is valid from [Starting Date] to [Ending Date]. During this period, [Grandparent's Full Name] will have the authority to:**

Seek and obtain medical treatment for [Child's Full Name], including but not limited to hospitalization, surgical procedures, administration of medication, and any other medical interventions deemed necessary by a licensed medical professional.

1. Access and review medical records pertaining to [Child's Full Name].
2. Discuss the medical condition and treatment options with healthcare providers.
3. Make informed decisions regarding medical care and treatment on behalf of [Child's Full Name].

I trust [Grandparent's Full Name]'s judgment and believe that they will act in the best interests of my child in case of illness or emergencies. I understand that any medical decisions made by [Grandparent's Full Name] will be binding and effective as if I were present.

In case of any medical treatment or emergencies, [Grandparent's Full Name] can be contacted at [Grandparent's Contact Information], and I will also be reachable at [Your Contact Information] in case further consultation or coordination is required.

I kindly request all medical facilities, healthcare providers, and relevant authorities to recognize this letter as a legal authorization for medical treatment on behalf of my child, [Child's Full Name], during my absence

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Full Name]

[Your Contact Information]