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

TO [Receiver Name] [Receiver Title]

**Subject:** Authorization for Medical Treatment for My Child

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally authorize my trusted neighbor, [Agent's Name], residing at [Agent's Address], to make medical decisions on behalf of my child, [Child's Name], in the event of an emergency during my absence. As a single parent who may need to be away for an extended period, it is essential for me to have a reliable and responsible individual who can act in my absence and ensure the well-being of my child.

**I hereby grant [Agent's Name] the authority to:**

1. Seek medical treatment for my child, [Child's Name], as deemed necessary by qualified healthcare professionals.
2. Interact with healthcare providers, including doctors, nurses, and other medical staff, to discuss and make decisions regarding my child's medical condition and treatment options.
3. Access and review my child's medical records, test results, and any other relevant medical information.
4. Provide consent for medical procedures, surgeries, or other interventions if required by the situation.

I trust [Agent's Name] to act in the best interests of my child and make informed decisions based on the medical advice provided by healthcare professionals. [Agent's Name] is aware of [Child's Name]'s medical history, allergies, and any other relevant information that may be necessary for medical treatment decisions.

I kindly request that you acknowledge this authorization and keep a copy of this letter on file for future reference. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any additional information or clarification.

Thank you for your understanding and cooperation in this matter. Your assistance provides me with peace of mind knowing that my child will be well taken care of in case of any medical emergencies during my absence.

Sincerely,

[Yor Signature]

[Your Printed Name]