

# Sample Medical Treatment Authorization Letter

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Date]

To Whom It May Concern,

I, [Your Name], hereby grant [Doctor's Name] and their medical staff the authority to administer necessary medical treatment to my [Child's/Spouse's/Relative's Name], born on [Birth Date], in my absence. This authorization is valid from [Start Date] to [End Date], or until further notice.

I trust that [Doctor's Name] and their team will make informed decisions regarding medical care and treatment. Any emergency medical procedures, surgeries, or treatments recommended by them are approved by me.

Please consider this letter as my consent for medical treatment authorization.

Sincerely,

[Your Signature]

[Your Printed Name]

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