# Emergency Health Authorization Letter

Subject: Emergency Medical Authorization

Dear [Healthcare Provider],

Due to unforeseen circumstances, I, [Full Name], authorize [Authorized Personâ€™s Name] to make immediate healthcare decisions on my behalf in case of an emergency. This includes consent for emergency medical treatments, surgeries, and medications.

This authorization is valid only in emergency situations where I am unable to provide direct consent. Once I regain capacity, this authorization should no longer apply.

Thank you for your understanding and prompt attention to this matter.

Sincerely,

[Your Full Name]

[Signature if printed]