

Health Authorization Letter for Elderly Care

Subject: Authorization for Elderly Care Decisions

Dear [Healthcare Provider],

I, [Elderly Person's Full Name], born on [Date of Birth], authorize my son/daughter [Authorized Person's Name] to make healthcare decisions on my behalf, including medical treatments, hospital admissions, and medication management.

This authorization is made as a precaution to ensure continuity of care, particularly in situations where I may not be able to communicate effectively. I trust [Authorized Person's Name] to act in my best interest and according to my known preferences.

Kind regards,

[Your Full Name]

[Signature if printed]

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