

# Letter To Give Permission For Medical Treatment

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Today's Date]

[Recipient's Name]

[Medical Facility/Hospital Name]

[Address]

[City, State, Zip Code]

Subject: Permission for Medical Treatment for [Patient's Full Name] - Date of Birth: [DOB]

Dear [Recipient's Name],

I am writing this letter to grant permission for medical treatment for my [relationship to patient], [Patient's Full Name], who was born on [Date of Birth]. Due to unforeseen circumstances, I am unable to be physically present to provide consent in person. Therefore, I am entrusting the medical decisions and care of [Patient's Full Name] to the capable and professional hands of your esteemed medical facility.

I hereby authorize the medical staff at [Medical Facility/Hospital Name] to administer any necessary medical treatments, conduct diagnostic tests, and perform any surgical procedures deemed necessary for the well-being and recovery of [Patient's Full Name]. This authorization includes any emergency medical procedures that may arise during the course of treatment.

Furthermore, I authorize the disclosure of medical information regarding the condition and treatment of [Patient's Full Name] to me, as well as to any other family members or individuals who may be involved in their care and support.

Please be assured that I have complete trust in the medical expertise and judgment of your team

and that I believe you will act in the best interest of the patient at all times.

If any further information or documentation is required, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter and for providing the necessary medical care for [Patient's Full Name]. Your dedication and commitment to your patients are deeply appreciated.

Sincerely,

[Your Full Name]

[Your Signature if sending a physical letter]