Compassionate adult child medical consent

Subject: Medical Care Authorization for My Parent, [Parent's Full Name]

Dear Healthcare Team,

With a heavy but determined heart, I am writing to authorize medical treatment for my beloved parent, [Parent's Full Name], born [Date of Birth]. Due to [condition - dementia, cognitive decline, etc.], [he/she/they] can no longer make informed medical decisions.

As [his/her/their] [son/daughter/child] and designated healthcare proxy, I am legally authorized to make medical decisions on [his/her/their] behalf. I have [power of attorney/healthcare directive] documentation attached.

My parent has always been [brief personal touch about their character]. [He/She/They] would want to maintain dignity while receiving appropriate care. We have discussed end-of-life preferences, and [he/she/they] [include any specific wishes about life support, resuscitation, etc.].

MEDICAL HISTORY:

- Current conditions: [list]
- Medications: [list with schedules]
- Allergies: [list]
- Previous hospitalizations: [relevant history]

I am committed to making decisions that honor my parent's values and provide comfort. Please involve me in all treatment discussions and keep me informed of any changes in condition.

I can be reached at [phone] anytime. Backup contact: [name and phone].

With gratitude for your compassionate care,

[Your Signature]

[Your Printed Name]

[Relationship]

[Date]

Get more templates here:

https://www.lettersandtemplates.com/letters/letter-to-give-permission-for-medical-treatment