[Sender Name]

[Sender Address]

Date:

[Name of Recipient]

[Designation of Recipient]

**Subject: Authorization Letter for Medical Treatment**

Dear Sir/Madam,

I, [name of the Sender], the appointed guardian and representative of Mr./Mrs. [name of the Patient], give my consent in full and authorize for the medical treatment of Mr./Mrs. [name of the Patient]. Some relevant medical information of the patient is as given below:

[provide necessary medical information of the patient like, the allergies or any other disease or diseases, details of the patient’s current medication and the patient’s health insurance policy number, etc.]

For further queries, feel free to contact me any time.

Sincerely,

[Sender Name]

[Sender Signature]

[Sender Contact Details]