

Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby authorize [Authorized Person's Full Name], to access my medical alert system on my behalf. This authorization includes all necessary information and functionalities related to my medical alert system.

This authorization is effective from [Start Date] and will remain in effect until [End Date], unless revoked in writing before that date.

Please consider this letter as formal authorization for the designated person to carry out all tasks necessary for managing my medical alert system, including but not limited to accessing account details, initiating emergency services, and updating my medical information.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]