

Legal Guardianship Empowerment for Healthcare Decisions

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], residing at [Your Address], hereby declare that I am the legal guardian of [Ward's Full Name], born on [Ward's Date of Birth]. This letter serves to empower me, as the legal guardian, to make healthcare decisions on behalf of [Ward's Name] in accordance with applicable laws and regulations.

I acknowledge that [Ward's Name] may require medical treatment and care, and I am authorized to consent to or refuse such treatments as deemed necessary by healthcare professionals.

This authorization remains in effect until [Specify Duration, e.g., until revoked or until a specific date].

Should you have any questions or require further verification, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Relationship to the Ward]