

# Healthcare Treatment Authorization

Date: \_\_\_\_\_

To Whom It May Concern,

This letter serves as authorization for emergency medical services to provide necessary treatment to:

**Patient Name:** \_\_\_\_\_

**Patient Date of Birth:** \_\_\_\_\_

**Patient Address:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_

In the event of a medical emergency requiring immediate intervention, I hereby authorize the medical team to render appropriate treatment as deemed necessary. This includes, but is not limited to, diagnostic tests, medication administration, and any other procedures required for the care of the patient.

Please do not hesitate to contact me for further verification or information regarding this authorization.

Sincerely,

\_\_\_\_\_

**Signature:**

**Printed Name:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_