

Authorization Letter

Date: _____

To Whom It May Concern,

I, [Your Name], hereby authorize [Volunteer's Name], to act on my behalf in carrying out medical errands including but not limited to:

- Picking up prescriptions
- Delivering medical supplies
- Scheduling medical appointments

This authorization is valid from [Start Date] to [End Date].

Thank you for your cooperation.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]