

Permission Granting Letter

Date: _____

To Whom It May Concern,

This letter serves to grant permission to **[Volunteer Name]**, residing at **[Volunteer Address]**, to engage in medical volunteer tasks at **[Organization/Facility Name]**. The scope of involvement includes assisting with patient care, administrative support, and any other tasks as deemed appropriate by the supervising medical staff.

We acknowledge that **[Volunteer Name]** is not a licensed medical practitioner but possesses the willingness and commitment to assist in our operations. We will ensure that they are supervised and provided with the necessary training and resources to perform their assigned duties safely.

This permission is granted for the period of **[Start Date] to [End Date]**.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Contact Information]