

Guardianship Assignment Consent for Medical Decisions

Date: _____

To Whom It May Concern:

I, [Your Name], residing at [Your Address], hereby consent to assign guardianship of [Name of the Individual] to [Guardian's Name], effective immediately.

As the legal guardian, [Guardian's Name] will have the authority to make medical decisions on behalf of [Name of the Individual]. This includes, but is not limited to, consenting to medical treatment, selecting healthcare providers, and making decisions regarding hospital care.

This consent is being provided due to [Reason for Guardianship Assignment].

I affirm that I am legally able to execute this assignment and that the information provided is accurate to the best of my knowledge.

Signature: _____

Print Name: _____

Date of Birth: _____

Contact Information: _____

Witness Signature: _____

Print Name: _____

Thank you for your attention to this matter.

Sincerely,

[Your Name]