

# Medical Proxy Authorization

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

To Whom It May Concern,

I, [Your Full Name], born on [Your Date of Birth], residing at [Your Address], hereby appoint [Proxy Full Name], born on [Proxy Date of Birth], residing at [Proxy Address], as my medical proxy.

This authorization grants my proxy the authority to make medical decisions on my behalf during my hospital admission at [Hospital Name], including but not limited to the decisions regarding the following:

- Consent for medical treatment
- Access to medical records
- End-of-life decisions

This authorization is effective immediately and will remain in effect until [Specify Duration or 'revoked in writing'].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]