

Air Travel Companion Authorization for Medical Needs

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], hereby authorize [Companion's Full Name], my designated travel companion, to assist me during air travel due to my medical needs. My date of birth is [Your Date of Birth], and my medical condition requires assistance with [briefly describe medical needs].

Please allow [Companion's Full Name] to accompany me throughout the travel process, including check-in, boarding, and any other necessary assistance during the flight.

Enclosed are copies of my medical documents for your reference.

Thank you for your understanding and assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Contact Information]