

Domestic Partner Permission Letter for Emergency Contacts

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, residing at **[Your Address]**, hereby grant permission to my domestic partner, **[Partner's Full Name]**, to act on my behalf in all matters regarding emergency medical contacts, treatment, and decisions in the event that I am unable to do so.

This authorization includes but is not limited to:

- Access to my medical information
- Consent to medical treatment
- Communication with healthcare providers

This permission is effective immediately and shall remain in effect until revoked in writing.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

Contact Information:

Phone: [Your Phone Number]

Email: [Your Email Address]