Sample Health Authorization Letter

Mary Clark

111 Main St.

Los Angeles, CA 90034

January 12, 2013

Julie Davis

5432 Apple St.

Los Angeles, CA 90087

To whom it may concern,

I, Mary Clark, mother of Lily Clark, age 2, authorize Julie Davis to perform any acts that are necessary to ensure the health of my child while I am away and she is under Julie’s care. This includes any doctor/hospital visits, medicine, vaccines, or surgeries. Lily’s medical record number is 12334556.

This authorization shall be valid between the dates of February 20, 2013 to March 1, 2013.

Thank you for your assistance in this matter.

Sincerely,

Mary Clark