Date

To

Recipient Name

Street Address, City, ST ZIP Code

By means of this letter, I authorize XYZ Nursing Home to carry out the necessary medical treatment for my grandfather, Mr. John Doe, in the event of an emergency when I cannot be reached. My grandfather is a resident at your old age facility. Being a heart patient, he requires special care.

He has already sustained 2 heart attacks in the past and suffers from angina pain from time to time. You have my permission to provide him with the necessary treatment in case he requires urgent medical attention due to his heart condition. If you are unable to conduct the required treatment at your facility, you must contact Dr. ABC at Doe Hospital of Cardiology. He is my grandfather's cardiologist and knows well about his medical history. I have enclosed his contact information with this letter.

Please note that I have directed your nursing home to contact me in order to seek my permission whenever my grandfather requires medical attention. I authorize medical treatment to you only when I am unavailable. This authorization is valid for a period of 1 year. I will review it after this period considering my grandfather's health condition.

Thank you for your services.

Regards,  
[Your Name]