

# Medical Authorization Form

## For Elderly Care

This **medical authorization form** sample is designed specifically for elderly care, ensuring caregivers have necessary permissions to manage health decisions. It provides clear consent for medical treatments and emergency interventions, promoting safety and compliance. Using a standardized form helps streamline communication between family members and healthcare providers.

### Elderly Patient Information

Full Name:

Date of Birth:

Address:

Phone Number:

### Authorized Caregiver Information

Caregiver's Full Name:

Relationship to Patient:

Caregiver's Phone Number:

### Medical Authorization

I, Patient or Legal Guardian Name, authorize the above-named caregiver to make medical decisions, including consent for treatment and emergency care, on behalf of the patient listed above. This authorization is granted to facilitate prompt medical attention and care as necessary.

Limitations or Special Instructions (if any):

### Emergency Contact

Contact Name:

Contact Phone Number:

Relationship to Patient:

### Signatures

Patient or Legal Guardian Signature:

Date:

Caregiver Signature:

	Date:
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*Note: This is a sample template for reference only. Consult local laws and requirements for official use.*