Date:

To

[The Recipient]  
[Designation]

I hope all is well with you. I am the mother of Mr. [NAME] who is currently in need of medical attention. I received a call from your hospital yesterday. The nurse informed me that my child Mr. [NAME] is diagnosed with a cyst on his optic nerve, and it needs to be removed immediately or else my child can lose his eyesight. Moreover, she told me the process of removing the cyst will be nasal and anesthesia, blood transfusion, and some other medical procedures are to be used for which my written signed consent is required.

Unfortunately, I cannot come to the hospital because of some business emergency. Therefore, I nominate Ms. ABC (teacher of my child) to be the temporary guardian of my child for medical purposes. The terms of this consent are the following:

1. Ms. [NAME] can have access to all the medical records of my child, but the process of bill payment and documents of insurance will be kept hidden from her.
2. Ms. [NAME] will be able to give medical consent for medical treatment of my child with effect from Tuesday 5th October 20XX till 31st October 20XX or else I revoke the agreement.
3. I am giving this authority to Ms. [NAME] willingly. She can give consent for anesthesia, blood transfusions and other medical procedures needed for the surgery.
4. She can also give consent for routine medical checkups pre or post-surgery within the mentioned period.

Kindly start the treatment of my child immediately so, we find a cure for the problem. If you have any further questions, please do not hesitate to contact me. You may contact me on my number [X] or else you can drop an email at [X]. Thanking you in anticipation.

Regards,

[Your Name]  
[Business Name]

Signature

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