Habitat for Humanity®
DeKalb

PARENTAL AUTHORIZATION FOR TREATMENT OF, AND TRAVEL WITH, A MINOR CHILD

I, _____, am the parent or legal guardian having custody of _____, a minor child. As such parent or legal guardian, I hereby authorize and appoint _____, an adult in whose care the minor child has been entrusted or a duly authorized agent of Habitat for Humanity International, Inc., as my agent to act for me with respect to my minor child and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child, _____, concerning my minor child's personal care, medical treatment, hospitalization, and health care and to require, withhold or withdraw any type of medical treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment which may be rendered to my minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state in which treatment is sought. My agent shall have the same access to my minor child's medical records that I have, including the right to disclose the contents to others.

Also, I hereby authorize and appoint my agent to travel with my minor child to _____, and consent for my minor child to serve as a volunteer with _____, and to help construct houses and participate in other activities on a voluntary basis, without compensation.

1) Parent or Guardian:	Witness:	Date:
2) Parent or Guardian:	Witness:	Date:

This **PARENTAL AUTHORIZATION FOR TREATMENT OF, AND TRAVEL WITH, A MINOR CHILD** sworn to and subscribed before me by _____ and _____, the Parent(s) or Legal Guardian(s) of _____ _____, a minor child, this____day of _____,20____.

_____ My commission expires: _____
Notary Public

IF APPLICABLE:

- ❑ **School/Organization (no abbreviations please):**

_____

- ❑ **Host Affiliate Site:**

_____