

**PARENTAL AUTHORIZATION FOR
TREATMENT OF A MINOR CHILD**

I, _____, am the parent or legal guardian having custody
(please print)
of _____, a minor child. As such parent or legal guardian,
(please print)

I hereby authorize and appoint _____, an adult in whose care
(please print)

the minor child has been entrusted or a duly authorized agent of Habitat for
Humanity of Anderson County, inc., as my agent to act for me with respect to my
minor child, _____, concerning my minor child's personal care,
(please print)

medical treatment or procedure, including x-ray examination, anesthetic, medical
or surgical diagnosis or 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.

Date: _____ Parent/Guardian: _____
Signature

This Parental Authorization for Treatment of a Minor Child sworn to and
subscribed before me by _____, the parent or legal
guardian of _____, a minor child, this _____ day of
_____, 20____.

Notary Public: _____

My commission expires: _____