



## Parent Authorization for Treatment of a Minor

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 of Washington County 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, 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's medical records that I have, including the right to disclose the contents to others.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Habitat for Humanity – Washington County  
279 S. 17th Ave., Suite 7, West Bend, WI 53095 262-338-0690

Habitat for Humanity – ReStore  
325 Chestnut Street, West Bend, WI 53095 262-334-1801