



Parental Authorization

MINOR

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 Cowlitz County Habitat for Humanity, 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 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 of 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.

Parent/Guardian (Signature) _____

Relationship _____

Emergency Contact Name & Phone Number _____

Alternate Contact Name & Phone Number _____