

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

I, _____, am the parent or legal guardian having custody of a child who is under 18 years old or the age of majority in the host country and who will be volunteering with Habitat for Humanity International, Inc. or its affiliated organizations. As such parent or legal guardian, I hereby authorize and appoint _____, an adult in whose care the minor child has been entrusted, and any agent or employee of Habitat for Humanity International, Inc. or its affiliated organizations if necessary or appropriate, as my agent to act for me with respect to my minor child and his or her personal care, and in my name in any way I could act in person to make any and all decisions for me with respect to my child listed below ("child"):

Name: _____ **Date of Birth:** _____

I consent to the use of first aid treatment for my child and the use of generic and over the counter medications and treatments as directed by manufacturer labels, to be administered by Habitat for Humanity International, Inc. or its affiliated organizations or first aid personnel. In an emergency, I understand my named agent and/or Habitat for Humanity International, Inc. or its affiliated organizations may try to contact the individual listed below as an emergency contact. If an emergency contact cannot be reached promptly, I hereby authorize the named agent above and any agent or employee of Habitat for Humanity International, Inc. or its affiliated organizations to act as an agent for me to consent to any examination, testing, x-rays, medical, dental, or surgical treatment for my child as advised by a physician, dentist or other health care provider. This includes, but is not limited to, my child's assessment, evaluation, medical care and treatment, anesthesia, hospitalization, or other health care treatment or procedure as advised by a physician, dentist or other health care provider. I also authorize Habitat for Humanity International, Inc. or its affiliated organizations to arrange for transportation of my child as deemed necessary and appropriate in their discretion.

My agent shall have the same access to my child's medical records that I have, and is designated by me to be the child's Personal Representative under the Health Insurance Portability and Accountability Act (HIPAA) or privacy laws of the local country, including the right to disclose the contents to others. I authorize health care personnel and health care facilities to rely on this consent form and any health information I have provided to my named agent and/or Habitat for Humanity International, Inc. or its affiliated organizations regarding my child.

I authorize and appoint my agent to travel with my minor child to _____ **[insert location]** and consent for my minor child to serve as a volunteer with Habitat for Humanity International, Inc. or its affiliates. I understand my child will help construct/rehabilitate houses and participate in other activities on a voluntary basis, without compensation, as further set forth in the Volunteer Agreement, Release and Waiver of Liability, the terms of which are incorporated herein by reference.

SIGNATURES ON NEXT PAGE.

I have read and understand the above Parental Authorization for Treatment of, and Travel With, a Minor Child, any questions of mine have been answered, and I voluntarily agree to all such provisions.

Parent/Guardian: Name (please print): _____

Signature: _____

Address: _____

Phone: (H) _____ (C) _____

E-mail: _____

Parent/Guardian: Name (please print): _____

Signature: _____

Address: _____

Phone: (H) _____ (C) _____

E-mail: _____

EMERGENCY CONTACT INFORMATION FOR THE ABOVE LISTED MINOR(S):
Name: _____ Relationship: _____
Address: _____
Phone: (H) _____ (C) _____
(W) _____ Email: _____

If notarization required under local law, this form must be notarized.

This PARENTAL AUTHORIZATION FOR TREATMENT OF, AND TRAVEL WITH, A MINOR CHILD is sworn to and subscribed before me by _____ and _____, as Parent(s) or Legal Guardian(s) of the above listed child, this _____ day of _____, 20____.

Notary Public

My commission expires:_____