

# Kenya Educational Service Trips (KEST)

## Form 4: Parental Authorization for Treatment of a Minor Child

*\*Form 4 to be completed by Parents/Guardians of any KEST traveler under the age of 18. This form must be notarized.*

I, \_\_\_\_\_, am the parent or legal guardian having custody of \_\_\_\_\_, a minor child. As such parent or legal guardian, I hereby authorize and appoint KEST/Lloydie Zaiser, an adult in whose care the minor child has been entrusted, 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 country 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.

Witness:

Parent or Guardian:

\_\_\_\_\_

Witness:

Parent or Guardian:

\_\_\_\_\_

This Parental Authorization for Treatment of a Minor Child sworn to and subscribed before me by \_\_\_\_\_, and \_\_\_\_\_, the Parents or Legal Guardians of \_\_\_\_\_, a minor child, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_ (Notary Seal)