

**SPECIAL POWER OF ATTORNEY AND  
AUTHORIZATION FOR MEDICAL TREATMENT**

THE UNDERSIGNED \_\_\_\_\_ and \_\_\_\_\_  
of \_\_\_\_\_, Country of \_\_\_\_\_ are the  
parent(s) or legal guardian(s) of \_\_\_\_\_ herein  
referred to as the "Child" by the attached document \_\_\_\_\_.

WHEREAS, the Child is in need of medical treatment which the undersigned parent(s) or legal guardian(s) cannot provide, and therefore, the undersigned desire(s) to place the Child into the temporary care, custody, and control of Mending Kids International, for the express purpose of obtaining medical treatment for the Child. It is understood that Mending Kids International is a non-profit corporation incorporated under the laws of the State of California.

Accordingly, the undersigned hereby authorize(s) and appoint(s) Mending Kids International Executive Director Marchelle L. Sellers, Director of Social Services Keever Rhodes, and \_\_\_\_\_, lawful attorney-in-fact, for me (us), and in my (our) name(s) to perform any or all of the following acts, commitments or engagements as follows, and as may be deemed in the best interest of the Child, whether or not specifically enumerated herein, as may be deemed appropriate by me (our) attorneys-in-fact or their agents, at the sole discretion of my attorney-in-fact:

1. To take the temporary care, custody, and control of the Child for such time as the Child's physicians providing medical care and treatment in the USA determine is reasonably necessary for the completion of the medical treatment and rehabilitation of the Child and then to return the Child to the undersigned at the completion of such treatment and rehabilitation.
2. To make decisions in their sole discretion regarding legal and practical steps necessary to satisfy immigration requirements for all involved countries, which will enable the Child to immigrate to the USA for the purpose of obtaining medical treatment.
3. To make decisions in their sole discretion regarding the manner, timing, and payment of travel arrangements for the Child.
4. To place the Child into an approved Mending Kids International host home, or to assign the Child a host family in conformance with the required laws of the State in which the child will be placed during the Child's stay in the USA for medical treatment and to have the sole discretion in selecting, changing, and supervising host parents.
5. To permit multi-media coverage regarding the arrangements for the child to promote the goodwill of Mending Kids International, the hospital, doctors, and any others involved in the child's care, within the discretion of my attorneys-in-fact in consultation with the hospitals, doctors, and/or others involved in the Child's care.
6. To make decisions in its sole discretion regarding the education and extra-curricular activities of the Child, if any, during the Child's stay in the USA for medical treatment.

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7. To act in every manner as the legal guardian(s) of the Child during the Child's stay in the USA for said medical treatment. My (our) attorneys-in-fact are hereby authorized to bring any claim or action on behalf of the Child, as my (our) attorneys-in-fact may deem appropriate, in their sole discretion.
  
8. To make all necessary arrangements for the medical and/or surgical care of the Child, and to give all required consents and approvals in connection with said care, including, in the sole discretion of my (our) attorneys-in-fact, the execution of waivers of liability on behalf of the undersigned, the Child, their heirs and assigns as may be required to implement contemplated medical procedures; and to consent to limitations on remedies and damages as may be necessary to implement the contemplated medical procedures.

FURTHER, it is understood and agreed by the undersigned that the following hospital(s) \_\_\_\_\_  
\_\_\_\_\_ and \_\_\_\_\_ and/or doctor(s)  
\_\_\_\_\_ and \_\_\_\_\_ are now  
contemplated to be the providers of primary medical treatment and care for the Child. Such hospitals and  
doctors, as well as my (our) attorneys-in-fact, may change doctors or medical facilities, in their sole discretion,  
for medical treatment of the Child.

ACCORDINGLY, the undersigned consent(s) to and specifically authorizes the following procedures:

1. \_\_\_\_\_  
a. (Specify contemplated treatment)
  
2. Such diagnostic procedures, surgery or course of treatment as may be considered reasonable and necessary in the judgment of the physicians, other health care providers and/or hospitals rendering medical care and/or treatment to the Child.
  
3. The administration of such anesthesia as may be considered reasonable and necessary in the judgment of the physicians, other health care providers and/or hospitals rendering medical care and/or treatment to the Child.
  
4. The disposal of any tissues which may be removed by the physicians, other health care providers and/or hospitals rendering medical care and/or treatment to the Child.
  
5. The admittance of medical students and other observers and to the making and use of photographs, drawings, motion pictures, videos tapes, and other illustrative graphic or auditory material as may be deemed appropriate and desirable by the physicians, other health care providers and/or hospitals rendering medical care and/or treatment to the Child.
  
6. In the event of the death of the Child, the performance of a postmortem examination by a member of the medical staff of the hospital(s), the retention of such organs and tissues as may be necessary for the pathological study, the cremation of the body by the decision of the hospital and my (our) attorneys-in-fact, and the disposal of the remains and ashes at the convenience of the undersigned.

I/WE UNDERSTAND THIS SPECIAL POWER OF ATTORNEY AND AUTHORIZATION FOR MEDICAL TREATMENT and certify that it is freely and voluntarily executed by the undersigned and is felt to be in the best interest of the Child. The undersigned hereby acknowledge(s) that the attorneys-in-fact, their agents, the medical facilities, staff and doctors, cannot make and have not made any guarantees or assurances regarding the medical results after treatments of the Child, and the undersigned understands and fully accepts the risks involved in the treatment of the Child.

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THE UNDERSIGNED COVENANT (S) AND AGREE (S) to hold harmless and to release from any liability, my (our) attorneys-in-fact, Mending Kids International, their agents and representatives, and those who may act in reliance upon the authority granted by this legal instrument to my (our) attorneys-in-fact and the undersigned do(es) grant my (our) power to do any and all acts enumerated herein and any acts undertaken, whether or not enumerated herein and any and all acts undertaken, whether or not specifically enumerated as may be deemed in the best interest of the Child, at the sole discretion of my (our) attorneys-in-fact and to do and perform all acts as the undersigned may have done if personally present and acting in connection with these matters.

THE UNDERSIGNED COVENANT (S) AND AGREE (S) to waive, release, and hold harmless the physicians, other health care providers, health and other health facilities from and against all claims, costs, damages, losses, expenses, liabilities, and causes of actions of any kind whatsoever, that in any way relate to the medical care and/or treatment rendered to the Child.

THIS INSTRUMENT shall be effective as of the date of its signing and shall remain effective until revoked in writing by either party or until the termination of the medical treatment of the Child and the Child's return to the undersigned, whichever occurs first.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

WITNESSED BY: \_\_\_\_\_, Title \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public or Attorney

My commission expires: \_\_\_\_\_

[Seal]

This instrument becomes valid upon Mending Kids International's authorized agent's signature.

\_\_\_\_\_  
Authorized MKI agent's signature

Rev. 4/06