

**Document 5: POWER OF ATTORNEY**

**I, the undersigned, and main member of the medical aid**

**Full names (print)**.....

**Identity number**.....

Hereby appoint the father / mother / guardian of the mentioned patient:

**Full names (print)**.....

**Identity number**.....

**Patient's Full names** .....

With the power of authorization from me to be my legal representative and to complete and sign the necessary documents on my behalf to Dr Herman Uys, and I hereby validate everything my representative will do on my behalf.

Hereby signed at .....on this.... day of ..... 2013.

.....

**POWER OF ATTORNEY**  
**(Main member of medical aid)**

.....

**REPRESENTATIVE**  
**(Father / Mother / Guardian)**