

AUTHORIZATION TO CONSENT TO HEALTH CARE FOR MINOR

I, \_\_\_\_\_, of North Carolina, am the custodial parent having legal custody of \_\_\_\_\_, DOB: \_\_\_\_\_, minor child. I authorize \_\_\_\_\_ and \_\_\_\_\_, who reside in \_\_\_\_\_, North Carolina, adults in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, x-ray examination, performance of operations, and other procedures by physicians, dentists, or other medical personnel except the withholding or withdrawal of life sustaining procedures. This authorization shall be effective from the date of execution until I revoke this authorization by signing a document revoking this authorization.

By signing here, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the agent named herein.

\_\_\_\_\_(SEAL)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2007, personally appeared before me the named \_\_\_\_\_ to me known and known to me to be the person described in and who executed the foregoing AUTHORIZATION TO CONSENT TO HEALTH CARE FOR MINOR and she/he acknowledges that she/he executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

( SEAL )

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_