

AUTHORIZATION TO CONSENT TO
HEALTH CARE FOR MINOR

I, _____, of _____ County,
North Carolina, am the custodial parent having legal custody of
_____ a minor child, age _____ born
_____. I authorize _____, an adult in
_____, North Carolina, 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 to (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,
and other medical personnel except the withholding or withdrawal of life sustaining
procedures.

This consent shall be effective from the date of execution to and including

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.

Custodial Parent

Date

STATE OF NORTH CAROLINA

COUNTY OF _____

On this _____ day of _____, 20____, personally appeared before me the
named _____ to me known and known to me to be
the person described in and who executed the foregoing instrument and he acknowledges that
he executed the same and being duly sworn by me, made oath that the statements in the
foregoing instrument are true.

Notary Public

My Commission Expires: _____