

Health Care for a Minor Authorization

I, _____, of _____ County,
am the custodial parent having legal custody of _____, a minor child,
age _____, born _____. I authorize _____,
an adult in whose care the minor child has been entrusted, and who resides at

_____,
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, and other medical personnel except the withholding or withdrawal of life
sustaining procedures.

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) _____
Date

STATE OF NORTH CAROLINA COUNTY OF _____

On this _____ day of _____, _____, 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 (or she) acknowledges that he
(or she) 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:

(Official Seal)

If limited English proficient or hearing impaired, offer interpreter at no additional cost:

Interpreter Accepted _____ Interpreter Refused
(Name/Number of Person/Services Chosen/Used)



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N.C.G.S. § 32A-34

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Name / MR # / Label