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AUTHORIZATION TO CONSENT TO HEALTH CARE FOR MINOR

(Updated 11/20/2024)

I, _________________________________ of ___________________________ County, ______________________ am the custodial parent having legal custody of ________________________________, a minor child, age ________, born ______/______/________ and I do hereby 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 withholding or withdrawal of life sustaining procedures.

This consent shall be effective from the date of execution and including _______________________________________. (This provision is optional. If you desire to limit the period of time which this Consent shall be effective, then insert the date through which this Consent shall be effective.)

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 content of this document and understand the full import of this grant of powers to the agent named herein.

______/______/________
Date

____ (SEAL)
Custodial Parent

STATE OF _________________

COUNTY OF _________________

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

My commission expires: _____/_____/_______

____
Notary Public

Reference: North Carolina General Statute 90-21. and North Carolina General Statute 32A-34.