



**AUTHORIZATION OF HEALTH CARE CONSENT FOR MINOR**

I, \_\_\_\_\_, of \_\_\_\_\_ (County),  
\_\_\_\_\_ am the custodial parent having legal custody of  
\_\_\_\_\_ (Child's Name), a minor child, age \_\_\_\_\_, born  
\_\_\_\_\_ (Month/Day/Year).

I authorize \_\_\_\_\_, \_\_\_\_\_ or  
\_\_\_\_\_ adults in whose care the minor child has been  
entrusted, and who resides at \_\_\_\_\_ (Address),  
\_\_\_\_\_ (Address), \_\_\_\_\_ (Address),  
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 examinations, 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,  
\_\_\_\_\_ (M/D/Y).

By signing here, I indicate that I have the understanding and capacity to communicate health care  
decisions and that I am fully informed as 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 \_\_\_\_\_, 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: