

**Authorization to Consent to Health Care of Minor**

I/We, \_\_\_\_\_, of \_\_\_\_\_ County,  
\_\_\_\_\_, am/are the custodial parent(s) having legal custody of  
\_\_\_\_\_ a minor child, age \_\_\_\_\_, born \_\_\_\_\_.

I/We authorize \_\_\_\_\_, an adult 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 healthcare, and (ii) to consent to and authorize any  
healthcare, 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 healthcare  
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.

\_\_\_\_\_  
Parent/Guardian Signature                      Date                      Parent/Guardian Signature                      Date

\_\_\_\_\_  
Witness    Date

STATE OF NORTH CAROLINA

County of \_\_\_\_\_, North Carolina

On this \_\_\_\_\_ day of \_\_\_\_\_,  
personally appeared before me 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: \_\_\_\_\_

(SEAL)

Patient Name \_\_\_\_\_  
DOB \_\_\_\_\_

**POWER OF ATTORNEY**