

**Authorization to Consent
to Health Care for Minor
Pursuant to NCGS § 32A-34**

I/We, _____, _____,
of _____ County, am/are the Parent(s) or Legal Custodian(s) having legal custody of
_____, a minor child, born the _____ of _____, _____. I/We
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, we indicate that I/we have the understanding and capacity to communicate
health care decisions and that I/we am/are 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: _____
Parent or Legal Custodian

_____(SEAL) Date: _____
Parent or Legal Custodian

*STATE OF NORTH CAROLINA
COUNTY OF*

*On this _____ day of _____, _____, personally appeared before me
_____, to me known
and known to me to be the person(s) described in and who executed the foregoing instrument
and each 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: _____*