

STATE OF NORTH CAROLINA : **AUTHORIZATION TO CONSENT**
COUNTY OF _____ : **TO HEALTH CARE FOR MINOR**
 : **N.C. GEN. STAT. § 32A-29**

I, _____, of _____ County, North Carolina am the custodial parent of _____, (hereinafter "minor child"), a minor born _____, for whom I have joint primary custody pursuant to that certain Court Order entered in _____ County, North Carolina under Docket # _____.

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:

1. 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
2. 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)
Full Legal Name _____

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public in and for the County of New Hanover, State of North Carolina, hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing **AUTHORIZATION TO CONSENT TO HEALTH CARE FOR MINOR** for the purposes therein expressed.

I have personal knowledge of the identity of the principal; or

I have seen satisfactory evidence of the principal's identity by a current state or federal identification bearing the photographic image of the individual's face and either the signature or a physical description of the individual.

This the ____ day of _____, 2009.

Notary Public
My commission expires: _____

Print Notary's Name