

**Health Care for a Minor Authorization - NC**

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

\_\_\_\_\_  
Signature (SEAL) Date Time

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:

\_\_\_\_\_  
(Official Seal)

If limited English proficient or hearing impaired, offer interpreter at no additional cost:

Interpreter Accepted \_\_\_\_\_  Interpreter Refused  
(Name/Number of Person/Services Chosen/Used)



**Health Care for a Minor Authorization - NC**

N.C.G.S. § 32A-34

900255 R 05/09/2017 EL0012

Name / MR # / Label