



Authorization to Consent to Health Care and Temporary Custody for Minor

We/I _____, are the legal parent(s)/guardian(s) of _____ a minor child, age _____. We authorize Debbie West and staff, the adults 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 health care, (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, (iii) to exercise custody and control over the minor child, and (iv) to transport the minor child or authorize others to transport the minor child within or outside the State of North Carolina. (v) Therapeutic services.

By signing, we indicate that we have the understanding and capacity to communicate health care and custody decisions and that we are fully informed as to the contents of this document and understand the full import of this grant of powers to the agents named herein.

Date: _____

Parent Signature

Parent Signature

(This form must be notarized)