

**REVOCATION OF AUTHORIZATION**  
**TO CONSENT TO HEALTH CARE FOR MINOR**

I, \_\_\_\_\_,  
Declarant, having executed an Authorization to Consent to Health Care for A Minor on the  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, authorizing  
\_\_\_\_\_ to  
do any acts which may be necessary or proper to provide for the health care of my minor child,  
do hereby revoke that Authorization to Consent to Health Care for A Minor pursuant to North  
Carolina General Statutes § 32A-34.

This is my written revocation of the above referenced Authorization to Consent to Health Care  
for A Minor.

DATED this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Declarant: \_\_\_\_\_

Printed Name of Declarant: \_\_\_\_\_

Address of Declarant: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, personally  
appeared before me, the said named \_\_\_\_\_

\_\_\_\_\_ to me  
known and known to me to be the person described in and who executed the foregoing  
instrument and he (or she) acknowledged that he (or she) executed the same and being duly  
sworn by me, made oath that the statements in the foregoing instrument are true.

\_\_\_\_\_  
(Signature of Notary Public)

My Commission Expires: \_\_\_\_\_

Notary Public (Official Seal)