

# NORTH RALEIGH PEDIATRIC GROUP, P.A.

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## **Authorization To Consent to Health Care for Minors** ***(North Carolina G.S. 32A-34)***

I, \_\_\_\_\_ of \_\_\_\_\_ County, North Carolina, am the custodial parent having legal custody of \_\_\_\_\_, a minor child, and age \_\_\_\_\_, born on \_\_\_\_\_.

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) 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.

Furthermore, I understand that it is the policy of this office that the adult who is presenting the child for treatment is responsible for payment at the time services are rendered.

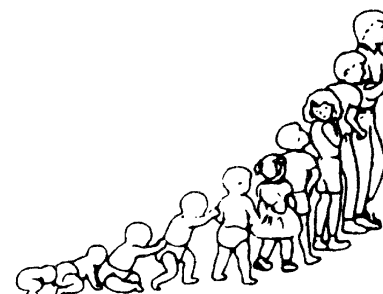
By signing here, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the agent named herein.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature

Today's Date: \_\_\_\_\_

This authorization will be in effect until: \_\_\_\_\_  
*Put a date or say "indefinitely"*



**GROW WITH US**  
Infants, Children, and Adolescents