



TRIAD PSYCHIATRIC & COUNSELING CENTER, PA

Authorization for Consent to Healthcare for Minor Children

I, _____, am the parent and/or legal guardian of _____, date of birth: _____. I hereby authorize _____ in whose care the minor is currently abiding, and who resides at _____, to consent to any service which may be necessary or proper for the healthcare of the above named minor. This includes but is not limited to: the power to provide any healthcare at any hospital, out-patient facility, or other institution and consent to psychiatric treatment, administration of psychiatric medication and psychotherapy.

By signing below, I indicate that I have the understanding and capacity to communicate healthcare decisions and that I am fully informed as to the contents of this document and the full import of granting this power to the agent named herein.

Parent/Legal Guardian

Date

STATE OF NORTH CAROLINA

COUNTY OF _____

On this _____ day of _____, _____, the person described in and who executed the foregoing instrument, _____, personally appeared before me, to me known and known to me, and he/she/they acknowledges that he/she/they executed the same and being duly sworn by me, made oath that the statements in the foregoing instruments are true.

Notary Public _____

My Commission Expires: _____

(OFFICIAL SEAL) (1993, c. 150, s. 1; 1999-456, s.59.)