AUTHORIZATION TO CONSENT TO HEALTH CARE AND PARTICIPATION IN THE HOUSE PAGE PROGRAM

This notarized form is required for ALL Pages

I, _____, a resident of _____ in _____ County, am the custodial parent having legal custody of _____, age _____, born _____, 20____. I authorize the North Carolina General Assembly to do any acts which may be necessary or proper to provide for the health care of the 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. Any known drug allergies or pre-existing medical conditions have been noted below. I understand that any expenses for such medical treatment will be my responsibility. Furthermore, I release and hold harmless the General Assembly from all liability for any claims for medical care provided pursuant to this consent form. This consent shall be effective from the date of execution until conclusion of service as a Page.

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. By signing here, I also confirm my consent to the named minor participating in the House Page Program, in accordance with the rules and regulations of that Program.

_____ _____

Custodial Parent Date

Health Insurance Information: _____

Company Name Group # Subscriber #

PLEASE ATTACH A COPY OF THE PAGE'S INSURANCE CARD TO THIS FORM.

Emergency Contact: Name: _____

Telephone # (including area code): _____

Drug Allergies/Pre-existing Medical Conditions: _____

Medications Currently Taking: _____

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STATE OF NORTH CAROLINA (or alternate state: _____)
COUNTY OF _____

On this _____ day of_____, 20__, 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)**