

**§ 32A-34 Statutory Form Authorization to Consent to
Healthcare for Minor**

The use of the following form in the creation of any authorization to consent to health care for minor is lawful and, when used, it shall meet the requirements and be construed in accordance with the provisions of this Article.

"Authorization to Consent to Dental Care for Minor"

I, _____, of _____ County, am the custodial parent having legal custody of _____, a minor child, age _____, born _____, _____. I authorize MAHEC Dental Health Center to do any acts which may be necessary or proper to provide for the dental care of the minor child.

This consent shall be effective from the date of execution to and including _____, _____. 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.

Custodial Parent

Date

MAHEC Witness to Signature

Date