

**DESIGNATION OF HEALTH CARE SURROGATE
FOR MINORS**

I/We, _____ (name/names),
(check one of the following): the [] natural guardian(s) as defined in s. 744.301 (1), Florida
Statutes; [] legal custodian(s); [] legal guardian(s) of the following minor(s):

Minor 1: _____

Minor 2: _____

Minor 3: _____

pursuant to s. 765.2035, Florida Statutes, designate the following person to act as my/our surrogate
for health care decisions for such minor(s) in the event that I/we am/are not able or reasonably
available to provide consent for medical treatment and surgical and diagnostic procedures:

Health Care Surrogate

Name: _____

Address: _____

Phone: _____

If my/our designated health care surrogate for a minor is not willing, able, or reasonably available
to perform his or her duties, I/we designate the following person as my/our alternate health care
surrogate for a minor:

Alternate Health Care Surrogate

Name: _____

Address: _____

Phone: _____

I/We authorize and request all physicians, hospitals, or other providers of medical services to
follow the instructions of my/our surrogate or alternate surrogate, as the case may be, at any time
and under any circumstances whatsoever, with regard to medical treatment and surgical and
diagnostic procedures for a minor, provided the medical care and treatment of any minor is on the
advice of a licensed physician.

I/We fully understand that this designation will permit my/our designee to make health care decisions for a minor and to provide, withhold, or withdraw consent on my/our behalf, to apply for public benefits to defray the cost of health care, and to authorize the admission or transfer of a minor to or from a health care facility.

I/We will notify and send a copy of this document to the following person(s) other than my/our surrogate, so that they may know the identity of my/our surrogate:

This Designation of Health Care Surrogate for a minor is executed by me/us on the date below.

SIGNATURE:

Date:

Printed Name:

Street Address:

City, State, Zip:

SIGNATURE:

Date:

Printed Name:

Street Address:

City, State, Zip:

SIGNATURES OF WITNESSES (At Least One of the Witnesses must not be your spouse or a blood relative):

Witness 1:

Witness 2

Printed Name:

Printed Name:

Street Address:

Street Address:

City, State, Zip:

City, State, Zip: