



DESIGNATION OF HEALTH CARE SURROGATE FOR MINOR

Patient Name _____ **Date of Birth** ____/____/____

I/We, the natural guardian(s) as defined in § 744.301(1), Florida Statutes or legal guardian of the above listed minor and having the legal rights to make medical decisions for the above minor, pursuant to § 765.2035, Florida Statutes, designate the following person to act as the surrogate for health care decisions for such minor in the event that I/We am/are not able or reasonably available to provide consent for medical care and treatment, including surgical, anesthesia, and diagnostic procedures, and mental health treatment:

Name: _____

Address: _____

Phone: _____

If my/our designated health care surrogate for the 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 the minor:

Name: _____

Address: _____

Phone: _____

I/We authorize and request all health care providers of medical services at Sarasota Memorial Health Care System (SMHCS), including First Physicians Group, to follow the instructions of the above-named surrogate(s) with regard to medical care and treatment for the minor named above, provided the medical care and treatment is on the advice of a licensed health care provider.

I/We fully understand that this designation will permit my/our designee on my/our behalf to: make health care decisions; provide, withhold, or withdraw consent; apply for medical benefits; and access and receive health information reasonably necessary to make decisions involving my/our minor's medical care.

I/We understand that this form is valid until the end of this calendar year or until revoked by me/us in writing.

Signature(s) of Parent/Guardian(s):

Name _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Witnesses:

(Two adult witness signatures are required. A designated surrogate cannot act as a witness.)

Name _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____