

**DESIGNATION OF HEALTH CARE SURROGATE FOR MINOR**

I/We, \_\_\_\_\_,  
the [\_\_\_\_] natural guardian(s) as defined in s. 744.301(1), Florida Statutes; [\_\_\_\_] legal  
custodian(s); [\_\_\_\_] legal guardian(s) (check one of the foregoing) of the following minor(s):  
\_\_\_\_\_  
\_\_\_\_\_  
and \_\_\_\_\_, pursuant to s. 765.2035, Florida Statutes, designate  
the following person(s) 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:

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(s) as our alternate health care  
surrogate for a minor:

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:

**PERSON NOTIFIED:**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

PARENT/CUSTODIAN/GUARDIAN

By: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

PARENT/CUSTODIAN/GUARDIAN

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witnesses for all signing parents or guardians:

\_\_\_\_\_  
Sign above the line

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Sign above the line

\_\_\_\_\_  
Print name