765.2038. Suggested form of designation of health care surrogate for a minor

A written designation of a health care surrogate for a minor executed pursuant to this chapter may, but need to be, in the following form:

DESIGNATION OF HEALTH CARE SURROGATE FOR MINOR

I/We,
the natural guardian as defined in s. 744.301 (1); legal custodian(s); legal guardian(s) [check one] of the following minor(s):
;
Name: Address: Zip Code Phone:
If my/our designated health care surrogate for a minor is not willing, able, or reasonable available to perform his or her duties, I/we designate the following person as my/ou alternate health care surrogate for a minor:
Name:
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 can 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.
Name: Name:
Signed: Date: Witnesses:
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