

The 2015 Florida Statutes, Title XLIV, CIVIL RIGHTS, Chapter 765

HEALTH CARE ADVANCE DIRECTIVES

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765.2038 Designation of health care surrogate for a minor; suggested form.—A written designation of a health care surrogate for a minor executed pursuant to this chapter may, but need not be, in the following form:

DESIGNATION OF HEALTH CARE SURROGATE

FOR MINOR

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

;  
;  
,

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:

Name: (name)

Address: (address)

Zip Code: (zip code)

Phone: (telephone)

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:

Name: (name)

Address: (address)

Zip Code: (zip code)

Phone: (telephone)

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:

Name: (name)

Name: (name)

Signed: (signature)

Date: (date)

WITNESSES:

1. (witness)

2. (witness)

History.—s. 11, ch. 2015-153.

1Note.—The word “not” was substituted for the word “to” by the editors to conform to context and facilitate correct interpretation.

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