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How to Complete Your Florida Designation of Health Care Surrogate for a Minor

Designation of Health Care Surrogate for Minor (Section 765.2038, Florida Statutes)

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. This is Florida's suggested statutory form that lets a parent or guardian name another adult to make **medical decisions for a child** when the parent is not able or reasonably available, such as while the child stays with grandparents or travels with another family.

1. **Check your role and list the children**
   Enter the name of each parent or guardian signing, check whether you are the natural guardian(s), legal custodian(s), or legal guardian(s), and list each child.
2. **Name a surrogate and an alternate**
   Enter the name, address, and phone number of the adult who may consent to medical care for your child, such as a grandparent or caregiver, and an alternate.
3. **List who will get a copy**
   Name anyone, other than the surrogate, you will send a copy to, such as a school, camp, or pediatrician.
4. **Sign in front of two witnesses and a notary**
   Do not sign or date the form ahead of time. Florida requires two adult witnesses, and the surrogate cannot be a witness. First Choice can provide witnesses for an additional fee, and our notary completes the acknowledgment.
5. **Bring identification**
   Each parent or guardian signing should bring a current, government-issued photo ID.

After It's Signed

- Give an exact copy to the surrogate and alternate. Keep the original.
- Share copies with your child's school, camp, pediatrician, or anyone caring for your child while you are away.
- Unless you write an end date in the form, it stays in effect until you revoke it in writing.
- Traveling? Pair it with our Minor Child Travel Consent form.

Need a Notary and Witnesses? We Come to You.

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Have questions about this document? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**. Main headquarters: 2315 Capitol Avenue, Sacramento, CA 95816.

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DESIGNATION OF HEALTH CARE SURROGATE FOR MINOR

(Sections 765.2035 and 765.2038, Florida Statutes)

I/We, (name/names)

the (check one):

natural guardian(s) as defined in s. 744.301(1), Florida Statutes;

legal custodian(s);

legal guardian(s)

of the following minor(s):

Name of minor 1 | Date of birth

Name of minor 2 | Date of birth

Name of minor 3 | Date of birth

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 | Phone

Address | Zip Code

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 | Phone

Address | Zip Code

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.

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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

SIGNATURES

X

Signed (parent or guardian)

Printed name

Date

X

Signed (second parent or guardian, if any)

Printed name

Date

WITNESSES

Witness rules (section 765.2035, Florida Statutes): Two adult witnesses must sign in the presence of the parent(s) or guardian(s). The person designated as surrogate may not act as a witness.

Signed in our presence by the parent(s) or guardian(s) named above, and we, the undersigned adult witnesses, have signed below in their presence and in the presence of each other.

Witness 1

X

Signature of witness

Printed name

Address (street, city, state, ZIP)

Date

Witness 2

X

Signature of witness

Printed name

Address (street, city, state, ZIP)

Date

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NOTARIZATION

Having this document notarized, in addition to the two witnesses, provides proof that the signature is genuine, which helps when the document is presented to hospitals, out-of-state providers, or other institutions.

NOTARY ACKNOWLEDGMENT

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of

☐ physical presence or

☐ online notarization,

this day of _____ month _____ year _____

by (name of parent(s) or guardian(s)) _____

☐ Personally Known OR

☐ Produced Identification

Type of identification produced _____

X _____

Signature of Notary Public

Print, type, or stamp commissioned name of Notary Public _____

Commission number _____ Commission expires _____

(Notary seal)

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