

DESIGNATION OF HEALTH CARE SURROGATE FOR MINOR

I/We, _____, the [check one] [] natural guardian(s) as defined in § 744.301(1), Florida Statutes; [] legal custodian(s); [] legal guardian(s) of the following minor(s): _____ (name) , pursuant to § 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 care and treatment:

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 may designate the following person as my/our alternate health care surrogate for a minor:

Name: _____

Address: _____

Phone: _____

I/We authorize and request all providers of medical services at UHealth to follow the instructions of my/our surrogate or alternate surrogate, as the case may be, with regard to medical care or treatment for the minor(s) named above.

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.

I/We understand that this form is valid only for one clinic visit, at the time the form is presented and any other visits would require a new form to be completed.

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: _____

Signature: _____

Phone: _____

Date: _____ Time: _____

Witnesses:

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

1. Name: _____

Signature: _____

2. Name: _____

Signature: _____

To receive a copy of your health information visit the electronic patient portal at <https://myuhealthchart.com/mychart/> or Health Information website at <https://umiamihealth.org/patients-visitors/medical-records>. Health Information Management can be contacted at 305-243-5272 for release of information requests.



Designation of Health Care Surrogate for Minor (English)

Patient Identification Sticker



Form W3100003E
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