

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(s): _____

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 may 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 providers of medical services at UHealth Clinics at Walgreens 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 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: _____

Signed: _____

Date: _____

Witnesses:

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

1. _____

2. _____

All original medical records are the property of the University of Miami Hospital and Clinics. Copies of this form must be destroyed upon completion of its temporary use. For additional information or to receive a copy of your health information visit the electronic patient portal at <https://myuhealthchart.com/mychart/> or Health Information website at <http://uhealthsystem.com/billing/medical-records>. Health Information Integrity can be contacted at 305-243-5272 for release of information requests.



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