



## Alternate Parties Authorized to Consent for Medical Care for Minor Designation of Health Care Surrogate for Minor

I/We, \_\_\_\_\_,

- the  natural guardian(s) as defined in s.744.301(1), Florida Statutes;
- legal custodian(s);
- legal guardian(s) of the following minor(s):

\_\_\_\_\_  
Name and U#

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Name and U#

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Name and U#

\_\_\_\_\_  
DOB

Pursuant to s. 765.2035, Florida Statutes, designate the following person unaffiliated with the University of South Florida 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, psychiatric treatment and surgical and diagnostic procedures:

**Name (MUST BE 18 years old or older):** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell 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 designate the following person unaffiliated with the University of South Florida 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, psychiatric treatment and surgical and diagnostic procedures:

\_\_\_\_\_

