



## DESIGNATION OF HEALTH CARE SURROGATE FOR MINOR

I/We, \_\_\_\_\_, 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): \_\_\_\_\_, pursuant to s. 765.2035, Florida Statutes, designate the following person to act as my/ our surrogate for health care and academic decisions for such minor(s) in the event that I/we are not able or reasonably available to provide consent for medical treatment and surgical and diagnostic procedures:

Filippo Poma  
15551 79th Terrace North, Palm Beach Gardens, Florida 33418  
561-271-5854

If my/our designated health care surrogate for 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(s):

James McManus  
5220 Hood Road, Suite 100, Palm Beach Gardens, Florida 33418  
561-315-3767

Benjamin Cecil  
5220 Hood Road, Suite 100, Palm Beach Gardens, Florida 33418  
561-371-7797

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(s), provided the medical care and treatment of any minor(s) is on the advice of a licensed physician.

I/We fully understand that this designation will permit my/our designee to make healthcare 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 healthcare, and to authorize the admission or transfer of a minor to or from a healthcare 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: \_\_\_\_\_

I/We have executed this document this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Legal Guardian/Custodian

\_\_\_\_\_  
Legal Guardian/Custodian In the presence of:

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Witness Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Witness Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Public Notary