



PanCare Designation of Health Care Surrogate

I/We, _____ the [] natural guardian(s) as defined in s. 744.301(1), Florida Statutes; [] legal custodian(s); [] legal guardian(s) [check one] 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 decisions for such minor(s) in the event that I/we am/are not able or reasonably available to provide consent for dental treatment, surgical and diagnostic procedures and medical treatment and diagnostic procedures, including consent for use of any medications:

Name of Health Care Surrogate: _____

Address: _____

City, State, Zip code _____

Phone: _____

I/We authorize and request all providers of dental and medical services at PanCare to follow the instructions of my/our surrogate at any time and under any circumstances whatsoever, with regard to dental treatment, surgical and diagnostic procedures and medical treatment and diagnostic procedures for the minor(s), provided the care and treatment is on the advice of a licensed provider.



This authorization is only enforceable for dental treatment, surgical and diagnostic procedures and medical treatment and diagnostic procedures including use of any medications, for the minor(s) provided by PanCare and shall not extend to any medical or dental treatment or surgical or diagnostic procedures at any other hospitals, facilities, or by other providers.

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.

A copy of this PanCare Health Care Surrogate Designation will be/has been provided to my/our surrogate.

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian

Witness Signature

Date

Witness Name (please print)