

# Coastal Mental Health Center, Inc.

**Jacksonville**  
8382 Baymeadows Road  
Suite 7  
Jacksonville, FL 32256

**Leesburg**  
8136 Centralia CT  
Suite 101  
Leesburg, FL 34788

**Orange City**  
300 Treemont Drive  
Orange City, FL 32763

**Sanford**  
101 Bellagio Circle  
Sanford, FL 32771

**Orlando**  
1320 N. Semoran Blvd  
Suite 107  
Orlando, FL 32807

**Daytona**  
801 Beville Rd  
Suite 202A  
South Daytona, FL 32119

**Saint Cloud**  
2900 17th Street  
Suite 3  
Saint Cloud, FL 34769

**Palm Bay**  
5200 Babcock Street NE  
Suite 105  
Palm Bay, FL 32905

**Rockledge**  
1282 Rockledge Blvd  
Suite 2  
Rockledge, FL 32955

## 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) [check one] (the "Principal(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 decisions for such minor in the event that I/we am/are not able or reasonably available to provide consent for medical treatment, surgical and diagnostic procedures, and mental health treatment:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

I/We authorize and request all physicians, hospitals, or other providers of medical services to follow the instructions of my/our surrogate at any time and under any circumstances whatsoever, with regard to medical treatment and surgical and diagnostic procedures for a minor, provided the medical care and treatment of any minor is on the advice of a licensed physician.

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 to apply for public benefits to defray the cost of health care, and to authorize the admission or transfer of a minor to or from a health care facility.

This Designation of Health Care Surrogate for Minor is effective commencing on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ and terminates on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

The Principal(s) is/are known to me. I am neither the designated health care surrogate for minor, the spouse nor a blood relative of the Principal(s), and I believe the Principal(s) to be of sound mind. The Principal(s) signed the foregoing Designation of Health Care Surrogate for Minor in my presence.

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

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