



Authorization For Treatment

Date: _____

I hereby give my consent to Lakeside Pediatrics or LRMC to administer treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if determined to be appropriate by our staff.

Designation of Healthcare Surrogate For A Minor

I/We, _____ and _____, the Biological parent(s)_natural guardian(s) as defined in Florida Statutes section 744.301(1); legal custodian(s); legal guardian(s) [check one] pursuant to Florida Statutes section 765.2035, designate the following person(s) 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 examination, performance of appropriate laboratory tests and x-rays, and the administration of any necessary medications including immunizations, medical treatment and surgical and diagnostic procedures (please list names in order of priority – who should we contact first):

Authorization List:

Name	Relationship to Patient	Cell Phone	Email address

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, 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, to access and authorize the release of the minor’s medical records, and to authorize the admission or transfer of a minor to or from a health care facility.

Executed this ___ day of _____, 20__.

Responsible Party Signature

Date

Responsible Party Signature

Date

WITNESSES (TWO ADULT WITNESSES ARE REQUIRED AND NEITHER CAN BE THE PERSON DESIGNATED AS THE SURROGATE):

Print Name:

SIGNATURE

Print Name:

SIGNATURE