

POWER OF ATTORNEY - DESIGNATION OF TEMPORARY GUARDIAN AND HEALTH CARE SURROGATE FOR MINOR CHILD(REN)

I, _____, am [check one] the natural or adoptive parent as defined in s. 744.301(1), Florida Statutes, legal custodian(s); or legal guardian(s) of

Child's Legal Name	Child's Date of Birth

And I hereby designate, appoint and authorize _____ (“Guardian”) to act as my/our surrogate for health care decisions for such minor(s) Health Care Surrogate and the Guardian of the persons and property of my child(ren) and to exercise the authority provided for herein to serve as pursuant to s.765.2035, s.743.0645 and chapter 709 of the Florida Statutes. I hereby authorize the Guardian to exercise any and all rights and responsibilities and do any and all acts appropriate for a legal guardian of a minor child(ren) including, but not limited to, the following:

1. **Education.** To enroll my child(ren) in the appropriate educational institutions, obtain access to my child(ren)’s academic records and sign appropriate releases, participate in any exceptional student educational testing and decisions relating to my child(ren), participate in and authorize my child(ren)’s participation in school activities, mental health services, and supportive services and make any and all other decisions related to my child(ren)’s education.

2. **Travel.** To make travel arrangements on behalf of my child(ren) for destinations both in and outside of the United States by air land/ground or sea transportation; to accompany my child(ren) on any such trips; and to secure the necessary passports for all related travel.

3. **Health/ Dental Care.** To make any and all health and dental care decisions, including ordinary and extraordinary decisions relating to my child(ren)’s medical; to sign documents, waivers and releases required by a hospital or physician; to authorize my child(ren)’s admission to or discharge from any hospital or other medical care facility (including transfer to another facility, and including behavioral and mental health facilities); to consult with any provider of health care; to consent to the provision, withholding, modification or withdrawal of any health care procedure; and to make any and all other decisions related to my child(ren)’s health care needs; to give consent for, to withdraw consent for, or to withhold consent for, X-ray, anesthesia, medication, surgery, and all other diagnostic and treatment procedures ordered by or under the authorization of a licensed physician, dentist, or podiatrist. This authorization specifically includes the power to consent to measures for relief of pain, general anesthesia, surgery, provision of psychotropic medications, or other extraordinary procedures.

4. **Mental/ Behavioral Health:** To consent to and authorize my child(ren)’s admission to and discharge from a psychiatric or detox hospital, nursing home, psychiatric or substance abuse residential treatment facility or other institution. To consent to and authorize my child(ren)’s admission to and retention in a facility for the care or treatment of mental illness or substance abuse. To consent to and authorize the administration of psychotropic medications for mental health treatment.

5. **Medical/ Mental Health/ Substance Abuse Records:** To inspect and disclose any information relating to the physical, mental, behavioral health of my child(ren), to request, review, and receive any information, verbal or written, regarding my child(ren)’s physical or mental health, including, but not limited to, medical and hospital records, substance abuse records and to consent to the disclosure of this information. To take any lawful actions that may be necessary to carry out these decisions, including the granting of releases of liability to medical and mental health providers and to apply on my child(ren)’s behalf for private, public, government, benefits to defray the cost of health care.

6. STATEMENT OF ADDITIONAL DESIRES, SPECIAL PROVISIONS AND LIMITATIONS

N/A or specified as follows _____

Any person may deal with the Guardian in full reliance that this Power of Attorney and Designation of Temporary Guardian and Health Care Surrogate for Minor Child(ren) has not been revoked and that I am unavailable to exercise the authority provided for herein. This Power of Attorney and Designation of Health Care Surrogate is intended to last until my child(ren) turn(s)18 years of age. The Guardian shall be entitled to sign, execute, deliver, and acknowledge any contract or other document that may be necessary, desirable, convenient, or proper in order to exercise and carry out any of the powers described in this document and to incur reasonable costs on my child(ren)'s behalf incident to the exercise of these powers; provided, however, that except as shall be necessary in order to exercise the powers described in this document relating to my child(ren)'s health care.

The Guardian and their estate, heirs, successors, and assigns are hereby released and forever discharged by me, my estate, my heirs, successors, and assigns and personal representatives from all liability and from all claims or demands of all kinds arising out of the acts or omissions of the Guardian pursuant to this document, except for willful misconduct or gross negligence.

This Power of Attorney and Designation of Temporary Guardian and Health Care Surrogate for Minor Child(ren) shall not be affected by my disability or incapacity. The authority granted herein shall continue during any period while I may be disabled or incapacitated. I am emotionally and mentally competent to make this Power of Attorney and Designation of Temporary Guardian for Minor Child(ren), and I understand its purpose and effect. I consent in writing, before two witnesses, to the appointment of a legal guardian person and property and designation of health care surrogate, without bond.

Notwithstanding the foregoing, this Power of Attorney and Designation of Temporary Guardian and Health Care Surrogate for Minor Child(ren) shall not be construed as a waiver of my parental rights, and I retain the right to revoke this document at any time by a letter signed by me or email or text from me to the Guardian.

Signature of [Adoptive] Parent, Legal Custodian or Legal Guardian
Printed Name: _____
Email Address: _____
Phone Number: _____

Date

The person designated as guardian/surrogate shall not act as witness to the execution of this document designating the health care surrogate. At least one person who acts as a witness shall be neither the principal's spouse nor blood relative.

First Witness
Name: _____
Address: _____
Signature: _____
Date: _____

Second Witness
Name: _____
Address: _____
Signature: _____
Date: _____

STATE OF FLORIDA:
COUNTY OF _____

I hereby certify that on this ____ day of _____, 20____, before me, the subscriber, a Notary Public of the jurisdiction aforesaid, personally appeared _____ (**parent, legal custodian or legal guardian**) and who is either personally known to me or who produced _____ as identification, and who affirms that the acknowledged the foregoing Power of Attorney and Designation of Temporary Guardian and Health Care Surrogate for Minor Child to be his/her act and deed.

Notary Public
My Commission Expires: _____