

**Ponte Vedra Pediatric Dentistry & Orthodontics  
Designation of Health Care Surrogate for Minor**

I \_\_\_\_\_ the  parent  legal custodian  legal guardian of  
Print Name of Guardian

\_\_\_\_\_, a minor, born on \_\_\_\_\_, hereby designate the  
Print Name of Patient and/or Patients

\_\_\_\_\_, a minor, born on \_\_\_\_\_, hereby designate the  
Print Name of Patient and/or Patients

\_\_\_\_\_, a minor, born on \_\_\_\_\_, hereby designate the  
Print Name of Patient and/or Patients

following person to act as my surrogate for health care decisions for my child **in the event that I am not able or reasonably available to provide consent** for his/her dental treatment, including surgical and diagnostic procedures.

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

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**OPTIONAL ALTERNATE DESIGNATION:** If my designated health care surrogate for a minor is not willing, able, or reasonably available to perform his or her duties, I designate the following person as my/our alternate health care surrogate for a minor.

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

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I authorize all physicians, dentists, hospitals, or other providers of medical services to follow the instructions of my surrogate/alternate surrogate, at any time and under any circumstances, with regard to medical care and treatment, including surgical and diagnostic procedures for my child, provided that the medical care and treatment is on the advice of a licensed physician or dentist.

I fully understand that this designation will permit my designee to make any and all health care decisions for my child to provide, withhold or withdraw consent to treatment on my behalf, to apply for public benefits to help pay for the cost of care provided to my child if appropriate and to authorize the admission or transfer of my child to or from a healthcare facility.

Signature: \_\_\_\_\_  
Signature of Guardian

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

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

Phone: \_\_\_\_\_

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

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