

## Medical Authority Designation for an Adult

Generally the Health Care Surrogate or person who holds the durable Power of Attorney for a patient should accompany the patient to their medical appointments. In the event they cannot attend, they may complete this form in the absence of other documentation to designate medical authority to another adult.

Florida law requires consent from adults (patients over the age of 18), or their PoA/Health Care Surrogate, before non-emergency treatment is rendered. The PoA/Health Care Surrogate will be contacted prior to treatment if another adult brings the patient for their visit without this form or other similar documentation.

### Consent for Medical Authority

I \_\_\_\_\_ do hereby state that I am the POA or Health Care Surrogate  
(Name of POA or Health Care Surrogate)

for \_\_\_\_\_ born on \_\_\_\_\_,  
(Patient's Name) (Patient's DOB)

who resides at \_\_\_\_\_.  
(Patient's Address)

I authorize \_\_\_\_\_  
(Name of Adult Accompanying Patient)

who resides at \_\_\_\_\_,  
(Address of Adult Accompanying Patient)

to be present during the visit and to act on my behalf in authorizing and consenting to all medical and surgical care, medical procedures, and/or diagnostic tests for the above named adult in my absence.

I agree to pay for all services provided to the patient.

This authorization shall remain effective until \_\_\_\_\_.  
(Expiration date)

\_\_\_\_\_  
Signature: POA / Health Care Surrogate

\_\_\_\_\_  
Date