

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

**Non-Parent/Legal Guardian Consent for Non-Emergency Medical Services  
For Minors and Incapacitated Adults**

I, \_\_\_\_\_, hereby certify that, pursuant to Section 743.0645 of the Florida Statutes, I am eligible to provide consent to medical care and treatment of the minor child, \_\_\_\_\_, due to the following legally-defined relationship (circle **one** specific relationship):

- (a) I am a healthcare surrogate designated after September 30, 2015, under Section 765.2035 of the Florida Statutes, or I possess a Power of Attorney executed after July 1, 2001;
- (b) I am the stepparent of said minor;
- (c) I am the grandparent of said minor;
- (d) I am the adult sibling of said minor; or
- (e) I am the adult aunt or uncle of said minor.

Under the above referenced authority, I hereby consent to the medical care or treatment of this minor child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

A copy of this form will be mailed to the parent/legal guardian of the child listed above, if telephone contact was not successful at the time of visit, to serve as post-service notification. The parent/legal guardian may review the medical information obtained during this visit Monday through Friday during normal business hours.

**This section for employee use only:**

The parent/legal guardian **was** contacted on (date) \_\_\_\_\_, at (time) \_\_\_\_\_

The parent/legal guardian **was not** able to be contacted; letter sent on (date) \_\_\_\_\_

The parent/legal guardian **was not** able to be contacted; no letter sent. Reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date