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