

Declaration of Medical Proxy

Under Florida Statutes 765.401 a medical proxy can be appointed to an
:incapacitated or developmental disabilities patient"

- Who has no advance directive, and
- Who has no designated or alternative surrogate or that surrogate is no longer available to make health care decisions, and
- Who has no court appointed guardians or guardian advocate.

I, _____, confirm that there is no other family or friend known to me to be reasonably available, willing or competent to act, who is considered to be in a prior class according to this statute.

Therefore as _____ to _____, I accept the designation of Medical Proxy for _____. I accept the responsibilities of Medical Proxy as authorized under Florida Statute 765.401.

Before me this day personally appeared _____, who, first duly sworn, states that she executed the above Medical Proxy status for purposed she stated therein.

Sworn to and subscribed before me this _____ day of _____.

SEAL:

Notary Public
State of Florida