

## DESIGNATION OF MINOR CHILD'S HEALTH CARE SURROGATE

BY THIS DESIGNATION OF MINOR CHILD'S HEALTH CARE SURROGATE (the "Designation") I, \_\_\_\_\_ of \_\_\_\_\_ County, \_\_\_\_\_ (State), hereby acknowledge and affirm that I am the natural parent \_\_\_\_\_, custodial parent \_\_\_\_\_ or the legal guardian \_\_\_\_\_ (check one) of \_\_\_\_\_, (the "Minor Child") and I designate as the surrogate for the health care decisions of the Minor Child (the "Minor Child's Health Care Surrogate"), shall be representatives of MTF, which is a camp and program in which the Minor Child participates. Each of the following representatives of MTF has my consent and are authorized to act on behalf of Minor Child as the Minor Child's Health Care Surrogate as permitted in this Designation:

### **Name: Position/Office:**

1. Colleen Millsaps, Owner 867 Bold Springs Road, Cairo, Georgia, 39828.
2. Bryan Johnson, Sr. General Manager 867 Bold Springs Road, Cairo, Georgia, 39828.
3. Bryan Johnson, Jr. Coach 867 Bold Springs Road, Cairo, Georgia, 39828.

Minor Child's Health Care Surrogate shall serve subject to the following:

1. Powers: Minor Child's Health Care Surrogate shall have full authority to make decisions for Minor Child regarding Minor Child's health care, during the period in which the Minor Child is registered and participates in the camp, program and activities of MTF, and immediately subsequent during any period of treatment, recovery and/or convalescence as the result of an illness or injury which occurred during the Minor Child's participation in the camp, program and activities of MTF. In the exercise of such authority, Minor Child's Health Care Surrogate shall follow my desires as the Minor Child's legal guardian and as stated in this document or otherwise known to Minor Child's Health Care Surrogate, and if such surrogate is unable to determine the choice I would want to be made, shall make a choice for Minor Child, on my behalf based upon what such surrogate believes to be in the best interests choice of the Minor Child. Minor Child's Health Care Surrogate's powers shall include but shall not be limited to the following:
  - (a) To consult with Minor Child's health care providers regarding Minor Child's health care and treatment.
  - (b) To provide consent in writing with respect to any and all types of health and medical care, treatment, procedures and medication, or to withhold consent or withdraw consent to any of the foregoing, with the exception that the Minor Child's Health Care Surrogate shall not have the authority to withhold or withdraw any life support health care, treatment, procedures, or equipment.
  - (c) To have access to any and all of Minor Child's medical records and information limited to that protected health information and medical records related to any and all illness or injury which occurred during the Minor Child's participation in the camp, program and activities of MTF and to authorize release of such information to appropriate persons.
  - (d) To authorize Minor Child's admission or transfer to or discharge from any health care facility, rehabilitation or assisted living facility or nursing home.
  - (e) To contract on Minor Child's behalf for any health care services without incurring personal financial liability for said services, including the power to hire and fire any medical or other persons responsible for Minor Child's health care.
  - (f) To do and perform every other act whatsoever relating to Minor Child's health care as fully and with the same validity and legal effect as if such act had been specifically listed herein.
2. When Effective. Minor Child's Health Care Surrogate named herein shall have the authority and power to act on Minor Child's behalf during such time as I am and all other legal guardians have been determined to be unavailable or incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures.
3. Revocation. This Designation of Minor Child's Health Care Surrogate shall terminate upon the first to occur of the following:
  - (a) The execution by me, on behalf of Minor Child, of a signed, dated written revocation of this Designation of Minor Child's Health Care Surrogate;
  - (b) The execution by me of another Designation of Minor Child's Health Care Surrogate after the date I execute this Designation of Minor Child's Health Care Surrogate;
  - (c) Physical cancellation or destruction of this Designation of Minor Child's Health Care Surrogate by me or by another person in my presence and at my direction; or
  - (d) One (1) year after the effective date of this Designation of Minor Child's Health Care Surrogate which is the date this Designation of Minor Child's Health Care Surrogate was signed.

