

**EMERGENCY PANDEMIC INSTRUCTIONS TO  
HEALTH CARE SURROGATE (FLA. STAT. § 765.205(1))**

These instructions are made on \_\_\_\_\_, 2020.

I, \_\_\_\_\_, willfully and voluntarily instruct my Health Care Surrogate as designated by instrument dated \_\_\_\_\_, pursuant to § 765.205(1)(b), as follows: During this COVID-19 pandemic crisis, if I am in need of medical treatment, including but not limited to access to a ventilator, to ICU services, or to life saving medication, and such treatment is scarce and the demand for it exceeds available resources, I instruct that individuals as described below be granted preference over me to such treatment and resources, even though this may result in my death:

\_\_\_\_\_ *(initial)* any person under the age of 21 years

\_\_\_\_\_ *(initial)* any person who is the parent of a minor child

\_\_\_\_\_ *(initial)* any person who is the primary caregiver for a significantly disabled adult child, spouse, parent or sibling

\_\_\_\_\_ *(initial)* any person who is a medical professional (doctor, physician's assistant, nurse)

\_\_\_\_\_ *(initial)* any person who is a first responder (law enforcement, firefighter, paramedic)

\_\_\_\_\_ *(initial)* any person in active military service

\_\_\_\_\_ *(initial)* any child or grandchild of mine, of any age

\_\_\_\_\_ *(initial)*

other: \_\_\_\_\_

It is my intention that this instruction be honored by my family and physician as the knowing and voluntary expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal. I understand that these instructions may be precatory, but I hope that they are followed. My Health Care Surrogate shall have no responsibility to confirm or

investigate the status of any other person seeking access to life-sustaining treatment as reflected herein, and may wholly rely upon information provided by the medical care providers and/or facility.

These instructions shall remain in force and effect only the Governor of the State of Florida cancels the State of Emergency in connection with the present COVID-19 Pandemic.

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Signature

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Printed Name