

**MIDDLE TENNESSEE STATE UNIVERSITY**  
**International Programs and Services Office**

***Designation of Medical Surrogacy***

- In the event that I become ill or injured and my decisional capacity is impaired, I hereby designate:

\_\_\_\_\_  
Name Telephone (home) (office)

\_\_\_\_\_  
Address Relationship to undersigned

as my ***medical surrogate*** to act on my behalf to make decisions regarding my care.

\*\*\* The surrogate must be a relative or someone with legal responsibility (e.g. spouse) Girlfriends and boyfriends are not acceptable surrogates.\*\*\*

- In addition to the above named, as an alternate contact, I hereby designate:

\_\_\_\_\_  
Name Telephone (home) (office)

\_\_\_\_\_  
Address Relationship to undersigned

- In the event that the above-named designee(s) cannot be reached, I hereby designate the ***program director(s)*** or his/her/their representative to act on my behalf in an emergency should my decisional capacity be impaired.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date