

IT'S YOUR LIFE. IT'S YOUR CHOICE.



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FLIP FOR IMPORTANT MEDICAL INFORMATION

## IN CASE OF MEDICAL EMERGENCY

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I have an Advance Care Plan and an Attorney for Personal Care who can speak for me, if I am unable to communicate my wishes for myself.

Attorney(s) for Personal Care: \_\_\_\_\_

Telephone: \_\_\_\_\_

Alternative Telephone: \_\_\_\_\_

Relationship to Me: \_\_\_\_\_

Location of Advance Care Plan: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



[www.dyingwithdignity.ca](http://www.dyingwithdignity.ca)