

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



FLIP FOR IMPORTANT MEDICAL INFORMATION

IN CASE OF MEDICAL EMERGENCY

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

Power of Attorney(s) for Personal Care: _____

Telephone: _____

Alternative Telephone: _____

Relationship to Me: _____

Location of Advance Care Plan: _____

Signature: _____ Date: _____



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