

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



## IN CASE OF MEDICAL EMERGENCY

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

Location of Advance Care Directive: \_\_\_\_\_

Attorney for Personal Care: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Alternate Attorney for Personal Care: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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