

Medical Power of Attorney:

I, the undersigned, _____ (Full legal name here)

On this _____ day of _____ in the year _____

being of sound mind, willfully and voluntarily appoint _____ (Full legal name here) to accept or refuse medical treatment on my behalf and in my interest if, due to a condition resulting from illness or injury, and in the judgment of the attending physician, I become incapable of making a decision to accept or refuse medical treatment, food, and liquid.

Signed: _____

Date: _____

Witness: _____

*As Medical Power of Attorney I understand that acceptance of this appointment means I have a duty to act in good faith and with due regard for the interest and benefit of the person appointing me.

Signed: _____

Address: _____

Date: _____

Witness: _____

*If for any reason the above appointed Medical Power of Attorney is unable or unwilling to carry out this act of duty:

I appoint, _____ (Full legal name here)

To act as Alternative Medical Power of Attorney with the same rights and duties as stated above.

Signed: _____

Address: _____

Date: _____

Witness: _____