

Medical Power of Attorney

This Medical Power of Attorney is made on .

I, , residing at , hereby appoint , residing at , as my agent to make any and all health care decisions for me, except as otherwise provided in this document.

Special Instructions

Effective Date

This document becomes effective when I am unable to make my own health care decisions as determined by my physician.

Signature

Signature of Principal:

Date:

Witnesses

1. Witness Name:

Signature:

Date:

2. Witness Name:

Signature:

Date: