

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



IN CASE OF MEDICAL EMERGENCY

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

Agent(s): _____

Telephone: _____

Alternative Telephone: _____

Relationship to Me: _____

Location of Advance Care Plan: _____

Signature: _____ **Date:** _____

www.dyingwithdignity.ca