

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



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FLIP FOR IMPORTANT MEDICAL INFORMATION

## IN CASE OF MEDICAL EMERGENCY

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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: \_\_\_\_\_



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