

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



## IN CASE OF MEDICAL EMERGENCY

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**I have an Advance Care Plan and a Substitute Decision-Maker who can speak for me, if I am unable to communicate my wishes for myself.**

**Substitute Decision-Maker(s):** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Alternative Telephone:** \_\_\_\_\_

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

**Location of Advance Care Plan:** \_\_\_\_\_

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

[www.dyingwithdignity.ca](http://www.dyingwithdignity.ca)