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MEDICAL DIRECTIVE ALERT

← **FLIP OVER** →

IN CASE OF MEDICAL EMERGENCY

I, _____
 have a Personal Directive and an Agent who can speak for me, if I am unable to communicate my wishes for myself.

Location of Personal Directive: _____

Signature: _____

www.dyingwithdignity.ca

Agent: _____
 Phone: _____

Agent: _____
 Phone: _____

Health Care Provider: _____
 Phone: _____

I have a Personal Directive and an Agent who can speak for me, if I am unable to communicate my wishes for myself.

1. Print this page out at 100% size, in colour
2. Cut out and fold as indicated
3. Fill in ALL of your Personal Directive details
4. Place in your purse or wallet where it can be readily found in case of an emergency
5. Consider downloading a corresponding “fridge note” from the Dying With Dignity Canada website [HERE](#)

www.dyingwithdignity.ca

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Toll Free: **1-800-495-6156**

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