

NOTICE – MEDICAL CARD

I _____ direct that all

(print name as appears on drivers license or ID)

medical and surgical treatments and care, including nutrition and hydration, are offered to preserve my life and aid in my recovery.

I DO NOT CONSENT to an “apnea test” or to being an organ donor. I DO NOT choose to make an anatomical gift.

(signature of Principal)

(date of birth)

(date)

(signature of witness)

(date)

(signature of witness)

(date)

(see other side)

(print on 3x5 index card, cut along lines and paper clip to ID)

I have granted my primary medical power of attorney to:

(print name)

(phone number)

(address)

in the event I am unable to give my consent or dissent to any medical treatment, test or surgery.

Should my primary medical power of attorney be unavailable, I grant secondary medical power of attorney to:

(print name)

(phone number)

(address)

(print on 3x5 index card, cut along lines and paper clip to ID)

MEDICAL CARD

As I, _____ (print name as it appears on ID) _____ (date of birth)
am under the age of 18, my parents have medical power of
attorney for me. Here is their contact information:

(print Mother's name)

(phone number)

(address)

(print Father's name)

(phone number)

(address)

(print on 3x5 index card, cut along lines and paper clip to ID)