

**Medical Power of Attorney:**

I, the undersigned, \_\_\_\_\_ (Full legal name here)

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

being of sound mind, willfully and voluntarily appoint \_\_\_\_\_ (Full legal name here) to accept or refuse medical treatment on my behalf and in my interest if, due to a condition resulting from illness or injury, and in the judgment of the attending physician, I become incapable of making a decision to accept or refuse medical treatment, food, and liquid.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

\*As Medical Power of Attorney I understand that acceptance of this appointment means I have a duty to act in good faith and with due regard for the interest and benefit of the person appointing me.

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

\*If for any reason the above appointed Medical Power of Attorney is unable or unwilling to carry out this act of duty:

I appoint, \_\_\_\_\_ (Full legal name here)

To act as Alternative Medical Power of Attorney with the same rights and duties as stated above.

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_