

Living Will

This Living Will is made with the wish that it be honoured in all provinces in Canada and is meant to fulfill the legal requisite of an **Advance Health Care Directive, Health Care Directive, Authorization to Give Medical Consent, Continuing Power of Attorney for Personal Care, and Representation Agreement for Health Care.**

To my family, my physician, my cleric, my lawyer, or any medical facility or person who may become responsible for my health, welfare and/or affairs, let it be known that:

This is the **Living Will and Medical Directive** of, _____
who is currently residing at _____ in the Province Of _____
_____.

A. I REVOKE all former Living Wills, Personal Directives, or Advance Medical Directives by me at any time.

B. I hereby indemnify and hold harmless my agent and anyone who acts in good faith at the request of my Agent to fulfill my wishes expressed in this document.

C. I Appoint _____ of _____ in the province of _____ to be my **Agent** and to make personal health care decisions on my behalf if, and when, I no longer have the mental or physical capacity to make such decisions myself.

D. If my appointed **Agent** is unwilling or unable to act on my behalf, then I appoint the first person on the following list who is able and willing to serve as my agent, the I Appoint _____ of _____ in the town of _____ in the province of _____

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- E.** This directive will be **IN EFFECT when, and “Only When,”** I am **unable** to make or communicate my own decisions by speaking, writing, or gesturing.
- F.** If my spouse has been designated as an Agent or Alternate Agent in this document and if after making of this document my spouse and I become legally separated or divorced, any legal rights or powers granted to my spouse by this document shall be revoked.
- G.** Any reference to Agent in this document shall also apply to an Alternative Agent
- H.** I grant to my Agent the absolute power and authority to make all decisions affecting my health and welfare, and request that my Agent and all to whom she\he shall give directions in these matters follow my wishes and instructions as given herein to the best of my Agent’s interpretation of my wishes. In particular, but not restricted to, I grant to my Agent the power and authority to sign documents including releases, permissions, waivers; to review and disclose medical records; to hire and discharge caregivers; to authorize admission to or release from medical facilities; and to consent to, refuse or withdraw consent to any form of health care.
- I.** It is **MY WISH** that should a situation arise that there is no reasonable expectation of my recovery, and I am being kept alive by artificial or mechanical means, that

If it becomes necessary to appoint a Guardian of my person, then I nominate my Agent who is appointed in this document to be my Guardian.

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I declare when signing here that I am of sound mind, and that I understand the contents of this document and the power it gives to my Agent, and I declare that this document represents my wishes.

Dated this _____ day of _____, _____ in the town of _____
_____, in the Province of _____.

Date

Signature

SIGNED IN THE PRESENCE OF:

WITNESS 1

Name: _____

Address: _____

Address: _____

WITNESS 2

Name: _____

Address: _____

Address: _____

Signature

Signature