

# MEDICAL CARD TO PROTECT AND PRESERVE LIFE

I, \_\_\_\_\_,

(print your full name on blank line)

I direct that all medical and surgical treatments and care, including nutrition and hydration however administered, be given to protect and preserve my life. Do not hasten my death. Do not shorten my life.

**Do not do an apnea test. Do not take any organ for transplantation or any other purpose.**

\_\_\_\_\_  
Signature of Principal (or legal guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

(See other side)

I designate my primary health care representative serving as agent to enforce my directions for treatment and care during any period of time in which I am unable to communicate such decisions myself.

\_\_\_\_\_  
Primary Health Care Representative Serving as Agent Name of

\_\_\_\_\_  
Primary Health Care Representative's Address, City, State, Zip Code and Telephone Number

I also designate my secondary health care representative serving as agent if my primary health care representative serving as agent is not immediately available, or is unwilling or unable to communicate decisions regarding my medical treatment and care.

\_\_\_\_\_  
Name of Secondary Health Care Representative Serving as Agent

\_\_\_\_\_  
Secondary Health Care Representative's Address, City, State, Zip Code and Telephone Number  
(See other side)

## **INSTRUCTIONS TO COMPLETE MEDICAL CARD TO PROTECT and PRESERVE LIFE**

I, (then print your name on the blank line).

Designate primary and secondary health care representative serving as agent. These health care representatives serving as agent can speak for you to enforce your directions to protect and preserve your life whenever you are not able to communicate.

Provide name, address, city, state, zip code and phone number for each of them.

Sign your name and date.

Have two witnesses observe you sign and date this document.

Neither witness may be related to you or have a claim on your estate.

Neither witness may be a health care provider serving you at this time.

Both witnesses must sign and date.

This card must be kept with you at all times.

Complete Directions To Protect and Preserve Life. Tell your relatives that you have completed Directions to Protect and Preserve Life and where it is located.

*We recommend that you review this with your attorney. We are not attorneys.*

[www.lifeguardianfoundation.org](http://www.lifeguardianfoundation.org)