

MEDICAL CARD

Carry this card with you **AT ALL TIMES.** At admission to hospital contact:

Minister

Priest

Rabbi

If I am unconscious, seriously ill, injured or unable to communicate, contact my: Minister Priest Rabbi:

Preferred Contact

Telephone

You and two (2) witnesses sign and date these Life Support Directions.

I, _____ wish to live the life span given to me by God. I direct my treatments and care, including nutrition and hydration however administered, be given to protect and preserve my life. **Do not hasten my death. Do not do an apnea test. Do not take any organ for transplantation or any other purpose.**

To request additional medical cards visit

WWW.LIFEGUARDIANFOUNDATION.ORG

(Witness Signatures on other side.)

(Witnesses of Life Support Directions on other side.)

Signature of Cardholder (or of legal guardian if under 18)

Date

Signature of Witness

Date

Signature of Witness (not related to card holder)

Date

I designate my primary proxy decision maker to enforce my directions for treatment and care during any period of time in which I am unable to communicate such decisions myself.

Primary Proxy's Name

Telephone

I also designate my secondary proxy decision maker if my primary proxy designate is unable to communicate decisions regarding my medical treatment and care.

Secondary Proxy's Name

Telephone