

MEDICAL POWER OF ATTORNEY FORM

This Medical Power of Attorney ("Agreement") is made and entered into on the date of execution by the undersigned Principal.

Principal: _____

Address: _____

City, State, ZIP: _____

Agent: _____

Address: _____

City, State, ZIP: _____

1. APPOINTMENT OF AGENT

The Principal hereby appoints the Agent as their true and lawful attorney-in-fact to make healthcare decisions on behalf of the Principal as described in this document. The Agent shall act in accordance with the Principal's known wishes and in the Principal's best interest.

2. AGENT'S AUTHORITY

The Agent is authorized to make any and all healthcare decisions for the Principal, including but not limited to decisions regarding medical treatment, surgical procedures, hospitalization, and the administration of medication. This authority is subject to any limitations specified by the Principal in this document. The Agent shall have access to the Principal's medical records and the authority to discuss the Principal's condition with healthcare providers.

3. LIMITATIONS ON AGENT'S AUTHORITY

The Agent's authority is subject to the following limitations:

4. EFFECTIVE DATE AND DURATION

This Medical Power of Attorney shall become effective on the date of execution and shall remain in effect until revoked by the Principal in writing or upon the Principal's death. This Agreement shall also terminate if a court of competent jurisdiction appoints a guardian for the Principal.

5. REVOCATION

The Principal may revoke this Medical Power of Attorney at any time by providing written notice to the Agent and the Principal's healthcare provider. Such revocation shall be effective upon receipt of the notice by the Agent and healthcare provider.

6. SEVERABILITY

If any provision of this Agreement is held to be invalid or unenforceable, the remaining provisions shall continue in full force and effect. The invalid or unenforceable provision shall be replaced by a valid and enforceable provision that most closely reflects the original intent of the parties.

7. ENTIRE AGREEMENT

This document constitutes the entire agreement between the parties and supersedes all prior understandings or agreements, whether oral or written, regarding the subject matter of this Agreement. No other agreements, representations, or warranties, unless specifically set forth in this document, shall be binding on the parties.

8. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the State of _____ . Any disputes arising under this Agreement shall be resolved in the courts of the State of _____ .

9. NOTICE

Any notice required or permitted under this Agreement shall be deemed sufficiently given if in writing and delivered in person or sent by certified mail, return receipt requested, to the address of the party as set forth in this Agreement. Notices shall be effective upon receipt.

10. AMENDMENT

This Agreement may be amended only by a written document signed by both the Principal and the Agent. Any such amendment shall be effective only upon execution by both parties.

11. TERMINATION

This Agreement shall terminate upon the occurrence of any of the following events:

- a. The death of the Principal.
- b. Revocation by the Principal.
- c. A court order terminating this Agreement.
- d. The appointment of a guardian for the Principal by a court of competent jurisdiction.

12. SIGNATURES

IN WITNESS WHEREOF, the Principal has executed this Medical Power of Attorney on the date set forth below.

Principal Signature: _____

Printed Name: _____

Date: _____

Agent Signature: _____

Printed Name: _____

Date: _____

13. WITNESS

The undersigned witness certifies that the Principal is personally known to them, appeared to be of sound mind and not under duress, and signed this Medical Power of Attorney in their presence.

Witness Signature: _____

Printed Name: _____

Date: _____

14. NOTARIZATION

State of _____

County of _____

On this _____ day of

_____, 20__, before me, the undersigned Notary Public, personally appeared _____, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public Signature: _____

Printed Name: _____

My Commission Expires: _____

This document is prepared for immediate use, printing, and signing. Please ensure all fields are completed accurately before execution.