



MY ADVANCE CARE PLAN

— Important medical information on reverse side —

In Case of Medical Emergency

I have an Advance Care Plan and it can be found here: _____

In the case I can't make health decisions for myself, please consult:

Name: _____ Chosen Name: _____

Tel: _____

Alternative tel: _____

Relationship to me: _____

My name: _____

Signature: _____ Date: _____