

DELAWARE ADVANCE HEALTH CARE DIRECTIVE

MEDICAL POWER OF ATTORNEY FORM

This form is an official document where you can write down your healthcare wishes. It can help guide others to make decisions for you if you can't. You can use it to:

- Choose specific individuals to make healthcare decisions for you.
- Say how you want to be treated.
- Explain your preferences for medical care, long-term care, or other types of healthcare.

1. Principal.

I, _____ name the following individual as my Agent:

Agent Legal Full Name: _____

Agent Address: _____

Agent Phone Number: _____

2. Powers Granted.

A detailed list below is of the healthcare decisions the agent is authorized to make, including consent to or refusal of medical treatment, access to medical records, and decisions about life-sustaining treatment, with respect to following the Uniform Power of Attorney Act.

INITIAL each all the powers granted to the Agent:

_____ - Real Property

_____ - Tangible Personal Property

_____ - Stocks and Bonds

_____ - Commodities and Options

_____ - Banks and Other Financial Institutions

_____ - Operation of Entity or Business

_____ - Insurance and Annuities

- _____ - Estate, Trusts, and Other Beneficial Interests
- _____ - Claims and Litigation
- _____ - Personal and Family Maintenance
- _____ - Benefits from Governmental Programs or Civil or Military Service
- _____ - Retirement Plans
- _____ - Taxes
- _____ -All Preceding Subjects

Addition Powers Granted:

3. Effective Date/Duration.

This Medical Power of Attorney form becomes effective (INITIAL ONE):

- 4. _____ -Immediately
- _____ -Upon the Principal's Incapacity

5. Signatures.

These components ensure that the principal's healthcare preferences are clearly communicated and legally recognized, empowering the designated agent to make informed decisions on their behalf.

Principal Signature: _____

Name of Principal (Print): _____

Date: _____

Agent Signature: _____

Name of Agent (Print): _____

Date: _____

Witness Signature: _____

Name of Witness (Print): _____

Date: _____