

LIVING WILL and EMERGENCY INFORMATION

Declaration made this _____ day of _____ (month), _____ (year)

I, _____ (your name), willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare, if at any time I am mentally or physically incapacitated (initial all that apply):

And _____ (initial) I have a terminal condition,

Or _____ (initial) I have an end stage condition,

Or _____ (initial) I am in a persistent vegetative state

And if my attending or treating physician and another consulting physician determined there is no reasonable medical probability of my recovery from such condition, I direct life prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

I _____ do/ _____ do not (initial one) desire nutrition and hydration (food and water) be withheld or withdrawn when the application of such procedure would serve only to prolong artificially the process of dying.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

In the event I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration and other necessary health care decisions including informed consents for procedures, transfers and treatments.

Primary: Name _____ Secondary: Name _____

Address: _____ Address: _____

City and state: _____ city and state: _____

Phone: _____ Phone: _____

Sign to accept: _____ Sign to accept: _____

I understand the full importance of this declaration, and I am emotionally and mentally competent to make this declaration.

Signed: _____

Witness: _____ Witness: _____

Street address: _____ Street address: _____

City and State: _____ City and State: _____

Phone: _____ Phone: _____

+++ At least one witness must not be a husband or wife or a blood relative of the principal.

This form offered as a courtesy of the Florida Bar and the Florida Medical Association. Suggested form of a Living Will, Florida Statutes Section 765.303

