

NOTICE IN CASE OF ACCIDENT OR OTHER

EMERGENCY: Name:

Date:

I have signed the following forms: (check)

- Durable Health Care Power of Attorney
- Living Will
- Prehospital Medical Directive (Do Not Resuscitate)
- Durable Mental Health Care Power of Attorney
- Durable General Power of Attorney (Financial)

Please contact the following for a copy:

Name:

Telephone: