

# Pediatric Advance Directive Form

## Patient Information

Child's Name

Date of Birth

Medical Record Number

Parent/Guardian Name

Relationship to Child

## Advance Directive Preferences

Goals of Care

Medical Interventions to Use or Avoid

Comfort Measures/Quality of Life Preferences

Spiritual or Cultural Preferences

## Decision Makers

Primary Medical Decision Maker

Alternate Decision Maker (if any)

## Signatures

Parent/Guardian Signature

Date

Clinician Signature

Date