

# Temporary Travel Living Will

Date:

Full Name:

Date of Birth:

Country of Passport:

## Travel Details

Destination(s):

Trip Dates:

Contact while Traveling:

## Medical Care Instructions

If I am unable to make decisions for myself while traveling, I direct the following regarding my medical care:

## Emergency Contact

Name:

Relationship:

Phone Number:

Email:

## Temporary Healthcare Proxy

Proxy Name:

Relationship:

Phone Number:

Email:

Authority granted during travel period (details):

## Additional Instructions

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Signature

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Date