## **Medical Power of Attorney**

This document allows you to appoint someone to make medical decisions for you if you are unable to do so.

Principal Information	
Full Name	
Address	
Phone Number	
Agent Information	
Full Name	
Address	
Phone Number	
Alternate Agent (Optional)	
Full Name	
Address	
Phone Number	
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Special Instructions (Optional)	
Principal's Signature	
Date	
Vitness #1 Signature	
Date	
Vitness #2 Signature	
Date	