

Enduring power of attorney (medical treatment)

Instructions

Please read 'What is an enduring power of attorney (medical treatment)?' before filling in the form that follows.

To make an enduring power of attorney (medical treatment) you need to fill in and sign the form on the following page. The form uses the term agent which is another name for an attorney. An agent's authority to refuse treatment is outlined in section 5A of the Medical Treatment Act.

You will need two witnesses to sign the 'Certificate of witnesses' in front of you. You and your agent cannot be witnesses. One of the witnesses must be authorised by law to witness the signing of statutory declarations.

See 'Who can sign statutory declarations?'.

Your agent's power begins when you lose capacity and cannot make decisions. Their decisions have the same legal force as if you had made them yourself.

See 'What do these words mean?' for an explanation of agent, alternate agent or any other words that you do not understand on these forms.

Information for witnesses

As a witness, your responsibility goes beyond making sure that the signature of the person making the power is genuine. You also need to state that you believe that the person, called the donor, is of sound mind and understands this form.

The donor should be able to tell you things like:

- what sorts of powers the agent will have
- what sorts of decisions the agent will have the authority to make
- when and how the agent will have the authority to exercise that power
- the effects that the agent's power could have on the donor
- how the donor may cancel or change the arrangement in the future.

If you have any doubts it is strongly recommended that you make a written record of your concerns and any questions you asked to work out the donor's capacity. You can also make appropriate inquiries with the donor's consent. For example, you could contact the donor's doctor or ask for a medical certificate confirming the donor's capacity.

If you think that the donor does not understand the nature and effect of the document, you should refuse to witness the form. You should also refuse to witness the form if the donor appears to be signing it under duress, undue influence or pressure from another person.

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This enduring power of attorney is given on the

Print date here _____ day of _____, 20 _____,

Print your full name here by _____

Print your address here of _____

under Section 5A of the Medical Treatment Act 1988.

Cross out the following option if you also wish to appoint an alternate agent.

Print the full name of your agent here 1. I appoint _____

Print your agent's address here of _____

to be my agent.

Or

Cross out the following option if you do not wish to appoint an alternate agent.

Print the full name of your agent here 1. I appoint _____

Print your agent's address here of _____

to be my agent

Print the full name of your alternate agent here and _____

Print your alternate agent's address here of _____

to be my alternate agent.

2. I authorise my agent or, if applicable, my alternate agent, to make decisions about medical treatment on my behalf.

3. I revoke all other enduring powers of attorney (medical treatment) previously given by me.

Sign your name here Signed, sealed and delivered by: _____

Print your witnesses' names here We _____

Print your name here each believe that _____

in making this enduring power of attorney (medical treatment) is of sound mind and understands the import of this document. Witnessed by:

Witnesses sign here _____

Person authorised to witness statutory declarations Other witness

Name of witnesses _____

Addresses of witnesses _____