

DECLARATION OF END OF LIFE TREATMENT and  
WAIVER AND CONSENT

I, \_\_\_\_\_, am related to \_\_\_\_\_ as his/her \_\_\_\_\_ . I understand the full importance of this declaration and I am emotionally and mentally competent to make this declaration.

It is my declaration that life prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying; and, that \_\_\_\_\_ be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide him/her with comfort care or to alleviate pain.

It is my intention that this declaration be honored by the guardian by submission to the court and subsequently followed by his/her physicians.

I hereby waive hearing and notice of hearing and consent to the entry of an Order authorizing guardian to consent to a Do Not Resuscitate Order.

\_\_\_\_\_  
Signature Date

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_