

Wallet Card

We offer the following wallet card as a way to help the medical team know who to contact if you are unable to speak for yourself.

Print out this page, cut out and complete the card, and put it with your driver's license or other identification in your wallet.

IMPORTANT NOTICE TO MEDICAL PERSONNEL	
I, _____,	
have executed a Power of Attorney for Health Care. My agents are:	
Name	Telephone
1: _____	() _____
2: _____	() _____
3: _____	() _____
IMPORTANT NOTICE TO MEDICAL PERSONNEL	
I, _____,	
have executed a Power of Attorney for Health Care. My agents are:	
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3: _____	() _____

Provided by

H.E.L.P.

a non-profit information resource

helping people meet aging-related legal and care challenges

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