



IMPORTANT NOTE:

By completing this proxy appointment I revoke any and all previously completed proxy appointment forms.

You may appoint one person, or more than one person in case the first person you appoint is not able, willing, or available at some point in the future. Proxy(ies) may be appointed to act jointly or in succession.

See page 2 for information on how to complete the form.

I _____ having attained the age of 16, select this/these person(s) to be my proxy(ies) to act successively or jointly (*initial only one*) when I am unable to make my own medical decisions.

1.	Name:	Relationship:
	Home Phone:	Cell Phone:
	Work Phone:	
	Address:	
	Email:	
2.	Name:	Relationship:
	Home Phone:	Cell Phone:
	Work Phone:	
	Address:	
	Email:	
3.	Name:	Relationship:
	Home Phone:	Cell Phone:
	Work Phone:	
	Address:	
	Email:	

Name:	
Signed:	Date:
Witness Name: (Required if person cannot sign document. See page 2 for instructions.)	
Signed:	Date:

Completing the Proxy Appointment Form

A proxy:

- is a person you trust to ask to be your voice to make medical decisions for you when you are not able to speak for yourself;
- can be anyone you trust the most to advocate for you;
- can be a close friend or family member;
- must be 18 years of age or older; and
- must agree to be your proxy.

You should talk about what matters most to you with your proxy(ies) and give them a copy of your **health care directive** if you have one so they will be prepared to make the best decision about the type of care you would want or not want should you lose the ability to make your own health care decisions.

You can complete this form if you are able to make your own decisions and have capacity to complete it. Usually a witness is not required for a proxy appointment to be legal.

If you are unable to create or sign the form yourself, you can tell someone to sign it on your behalf. To do this, you tell the person to sign and date it for you, have a second person sign and date it as a witness in front of you.

Remember witnesses cannot be who you name as a proxy(ies) or their spouse.

You can choose more than one proxy and you can ask they act jointly or in succession.

Acting **jointly** means proxies work together to make decisions. If they cannot agree, majority rules, and if no majority, the first person you have listed will be the decision maker.

If you want to appoint proxies to act in **succession**, the healthcare team will follow the order you have listed them in starting with the first person in the list makes choices until they are no longer able or willing to act as your proxy.

Give a copy of the completed proxy form to your proxy(ies,) your healthcare team (doctor, clinic, hospital), and those closest to you who you want to have this information.

For more information contact the SHA Advance Care Planning Program Serving Saskatchewan with offices in Regina and Saskatoon

Phone: **1-833-544-2255**

or

Email: advancecareplanningprgm@saskhealthauthority.ca