HEALTH CARE DECLARATION
(incurable or irreversible condition)

If I should have an incurable or irreversible condition that will cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Arkansas Rights of the Terminally Ill or Permanently Unconscious Act, to [withhold or withdraw treatment that only prolongs the process of dying and is not necessary to my comfort or to alleviate pain] [follow the instructions of _____ whom I appoint as my Health Care Proxy to decide whether life-sustaining treatment should be withheld or withdrawn].

☐ It is my specific directive that nutrition may be withheld after consultation with my attending physician.

☐ It is my specific directive that hydration may be withheld after consultation with my attending physician.

☐ It is my specific directive that nutrition may not be withheld.

☐ It is my specific directive that hydration may not be withheld.

Signed this _____ day of _____, 20_____ .

Signature _____

Address _____

The declarant voluntarily signed this writing in my presence.

Witness _____

Address _____

Witness _____

Address _____

HEALTH CARE DECLARATION
(if unconscious)

If I should become permanently unconscious, I direct my attending physician, pursuant to the Arkansas Rights of the Terminally Ill or Permanently Unconscious Act, to [withhold or withdraw life-sustaining treatments that are no longer necessary to my comfort or to alleviate pain] [follow the instructions of

_____ whom I appoint as my health care proxy to decide whether life-sustaining treatment should be withheld or withdrawn].

☐ It is my specific directive that nutrition may be withheld after consultation with my attending physician.

☐ It is my specific directive that hydration may be withheld after consultation with my attending physician.

☐ It is my specific directive that nutrition may not be withheld.

☐ It is my specific directive that hydration may not be withheld.

Signed this _____ day of _____, 20_____.

Signature _____

Address _____

The declarant voluntarily signed this writing in my presence.

Witness _____

Address _____

Witness _____

Address _____

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