

Schedule 5

Northwest Territories

Form of Designating an Agent via a Personal Directive (for personal and health care matters)

The use of this form is voluntary. Please be advised that this form may not be appropriate for use by all persons, as it provides only one option of how a Personal Directive appointing an Agent may be made. In addition, it does not constitute legal advice. For further information, please obtain legal advice

My Agent template

About the Director (Person authorizing access)

Last name:

First name:

Address:

RE: Personal Directive authorizing an Agent

Dear Sir or Madam:

I, the undersigned, (first name, last name:) _____, do hereby delegate (first name, last name:) _____ to act as an Agent on my behalf in my dealings with the pharmacy and for matters related to my treatment.

This Personal Directive is valid until (date): _____

Signed by principal, witness and agent on (date): _____

Principal Name

Principal Signature

Witness Name

Witness Signature

I, the Agent, (first name, last name:) _____, am eligible to be designated an Agent, am aware of and accept the instructions of this Personal Directive and understand the duties of an Agent under the *Personal Directives Act*.

Agent Name

Agent Signature