

**SPECIAL LIMITED MEDICAL  
POWER OF ATTORNEY**

**BY:** \_\_\_\_\_

**TO:** \_\_\_\_\_

- \* UNITED STATES OF AMERICA
- \* STATE OF LOUISIANA
- \* PARISH OF ST. TAMMANY
- \*

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BEFORE ME, the undersigned Notary Public, duly commissioned and qualified in and for the State and Parish aforesaid, and in the presence of the undersigned competent witnesses,

PERSONALLY CAME AND APPEARED:

\_\_\_\_\_, a competent person of the full age of majority domiciled in the Parish of St. Tammany, State of Louisiana (hereinafter sometimes referred to as "Appearer"), whose mailing address is \_\_\_\_\_ Street, Slidell, Louisiana 70458, and who declared that he/she has been married once to \_\_\_\_\_ with whom he/she is living and residing,(hereinafter referred to as the "PRINCIPAL"),

who declared that PRINCIPAL hereby names, deposes, constitutes, and appoints:

\_\_\_\_\_, a competent person of the full age of majority domiciled in the Parish of \_\_\_\_\_, State of Louisiana, whose mailing address is \_\_\_\_\_, Louisiana 70\_\_\_\_,

HEREINAFTER SOMETIMES REFERRED TO AS "AGENT"

to be PRINCIPAL'S AGENT and ATTORNEY-IN-FACT (the "AGENT") with full and complete authority to make any applicable decisions concerning any medical care on PRINCIPAL'S behalf, including the right to give consent to or approval for the performance of any type of medical procedure or examination, including but not limited

to medication of any type, surgical procedures, medical examinations, or physical or psychological therapy, despite any contrary feelings, beliefs, or opinions of other members of PRINCIPAL'S family, relatives, friends or curator, AGENT having sole and absolute discretion to exercise the powers granted herein relating to matters involving PRINCIPAL'S health and medical care. In exercising such powers, AGENT should first try to discuss with PRINCIPAL the specifics of any proposed decision regarding PRINCIPAL'S medical care and treatment if PRINCIPAL is able to communicate in any manner, however rudimentary. AGENT is further instructed that if PRINCIPAL is unable to give an informed consent to a proposed medical treatment, AGENT should give, withhold, withdraw, or modify such consent for PRINCIPAL based upon any treatment choices that PRINCIPAL expressed while competent, whether under this document or otherwise. If AGENT cannot determine the treatment choice PRINCIPAL would want made under the circumstances if PRINCIPAL were able to express herself/himself, then AGENT should make such choice based upon what AGENT believes to be in PRINCIPAL'S best interests, being guided by any information given to AGENT by PRINCIPAL'S treating physicians as to PRINCIPAL'S medical diagnosis and prognosis, and the intrusiveness, pain, risks, and side effects associated with the treatment.

Accordingly, without limiting the generality of the foregoing, AGENT'S health care powers shall include the following powers:

- (1) The AGENT is authorized to give consent to and authorize or refuse, or to withhold or withdraw consent to, any and all types of medical care, treatment, tests, or procedures relating to the physical or mental health of the PRINCIPAL, including any

medical program and surgical procedures, for the PRINCIPAL, including but not limited to consent to and arrangement for the administration of pain-relieving drugs of any kind and/or other surgical or medical procedures calculated to relieve PRINCIPAL'S pain, including unconventional pain-relief therapies which AGENT believes may be helpful, even though such drugs or procedures may have adverse side effects, may cause addiction, or may hasten the moment of (but not intentionally cause) PRINCIPAL'S death, and to exercise PRINCIPAL'S right of privacy and right to make decisions regarding PRINCIPAL'S medical treatment even though the exercise of PRINCIPAL'S rights might hasten the moment of death or be against conventional medical advice.

(2) The AGENT is authorized to admit the PRINCIPAL to or discharge the PRINCIPAL from any and all types of hospitals, institutions, homes, residential or nursing facilities, hospice or home care, treatment centers, and other health care institutions providing personal care or treatment for any type of physical or mental condition of PRINCIPAL, and to summon paramedics or other emergency medical personnel and seek emergency treatment for PRINCIPAL.

(3) The AGENT is authorized to contract for any and all types of health care services and facilities in the name of and on behalf of the PRINCIPAL and to employ and discharge such medical personnel including physicians, psychiatrists, dentists, nurses and therapists as AGENT shall deem necessary, and to provide for such companionship for PRINCIPAL as will meet PRINCIPAL'S needs and preferences, and to bind the PRINCIPAL to pay for all such services and facilities.

(4) The AGENT is to be treated as PRINCIPAL would be with respect to PRINCIPAL'S rights regarding the use and disclosure of PRINCIPAL'S individually

