

HEALTH CARE REPRESENTATIVE DECLARATION

I/we, _____ have
authority to serve as the health care representative for
with whom I/we have the following relationship:

_____ Spouse (and there are no adult children with a person other
than the spouse)

_____ Spouse and adult child(ren) of person other than the spouse

_____ Adult child(ren)

_____ Parent(s)

_____ Adult sibling(s)

_____ Adult grandchild(ren)

_____ Other adult who has knowledge of the values and preferences
of

I/we certify that there are no persons in a higher class (as designated
above) who are available and willing to serve as the health care
representative.

I/we certify that there either are no other members of the same class
or that any other members of the same class do not wish to act as health
care representatives.

We certify that we understand that health care decisions can be
made by a simple majority of the health care representatives and that in
the event that the health care representatives are equally divided on a
decision then the health care provider will wait until a majority agrees on a
decision (though the provider will continue to provide treatment in
accordance with accepted standards of medical practice).

I/we hereby state that the facts set forth are true and correct to the best of my/our knowledge, information and belief. I/we understand that the statements made herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Date: _____

Signature