

Appointing an Agent: Form *Enduring Power of Attorney (Medical Treatment)*

The following form allows you to appoint an agent who has Power of Attorney to make decisions about *medical treatment* (not financial or other matters) on your behalf when you are unable to do so. It applies in the State of Victoria, Australia.

You do not require your doctor's approval to appoint such an agent. However, giving your doctor a copy of the completed form is wise, so that he or she can place it with your medical records for future reference.

This Power of Attorney only comes into effect if and when you are no longer able to make your own decisions about medical care. You retain the right and responsibility to make your own decisions if you are able to do so.

You must sign the form in the presence of two witnesses, one of whom must be a notary: a person authorised by law to witness a statutory declaration, including barristers and solicitors, clerks of court, doctors, councillors and town clerks, people in charge of post offices, teachers, bank managers, accountants, ministers of religion, police officers, justices of the peace and commissioners for taking affidavits. The other witness must be a mentally competent adult.

DWDV can advise [members](#) regarding common questions such as:

- Can I appoint my spouse or someone who will financially benefit from my death?
- Can I appoint two people as agents?
- My family is too emotionally involved and none of them wants to act as my agent. What can I do?
- Can I appoint a person who lives interstate?

Canceling a Power of Attorney

You can cancel an existing medical power of attorney at any time in writing, using the *Revocation of Enduring Power of Attorney (Medical Treatment)* form **2c**.

How You Can Help

Dying With Dignity Victoria is a self-funded, non-profit organisation, relying on membership fees, donations and volunteers to continue its work.

Ways you can help us help you.
At our website www.dwdv.org.au:
(or tel. 03-9877 7677)

- [Become a member](#)
- [Donate](#)
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- [Contact politicians](#)
(we make it so easy!)
- [Share your story](#)
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- [Contact the media](#)

Enduring Power of Attorney (Medical Treatment)

This **enduring power of attorney** is given on the day of, 20.....
by (your full name)
of (your address)
under Section 5A of the *Medical Treatment Act 1988*.

(If you wish to appoint only an agent and *not* an alternate agent, strike through option 1b and complete option 1a.
If you wish to appoint an agent *and* an alternate agent, strike through option 1a and complete option 1b.)

(either) **1a. I appoint** (agent's full name)
of (agent's address)
to be my agent.

(or) **1b. I appoint** (agent's full name)
of (agent's address)
to be my agent
and (alternate agent's full name)
of (alternate agent's address)
to be my alternate agent.

2. I authorise my agent or, if applicable, my alternate agent, to make decisions about
medical treatment on my behalf.

3. I revoke all other enduring powers of attorney (medical treatment) previously given by
me.

Signed, sealed and delivered by
(sign in the presence of the witnesses)

We (names of witnesses)

each believe that (your full name)
in making this Enduring Power of Attorney (Medical Treatment) is of sound mind and
understands the import of this document. **Witnessed by:**

(Signature)
(**Notary** witness — see preamble for details) (Other witness)

(Name)

(Address)