

## POWER OF ATTORNEY FOR PERSONAL CARE

1. I, \_\_\_\_\_ of the City \_\_\_\_\_,  
Province/State of \_\_\_\_\_, and Country of \_\_\_\_\_,

revoke any previous Power of Attorney for personal care made by me and I appoint:

\_\_\_\_\_ of the City of \_\_\_\_\_,

to be my attorney for personal care in accordance with the Substitute Decisions Act, 1992

2. This power of attorney is subject to the following conditions and restrictions:

**(a) Jewish Law to Govern Health Care Decisions:** I am Jewish. It is my desire, and I hereby direct all health care decisions made for me (whether made by my attorney, a guardian appointed for me or any other person) be made pursuant to Jewish Law and custom as determined in accordance with the strict Orthodox interpretation and tradition. Without limiting in any way the generality of the foregoing, it is my wish that Jewish Law and custom should dictate the course of my health care with respect to such matters as the performance of cardio-pulmonary resuscitation if I suffer cardiac or respiratory arrest; the performance of life-sustaining surgical procedures and the initiation or maintenance of any particular course of life sustaining medical treatment or other form of life-support maintenance, including the provision of nutrition and hydration; and the criteria by which death shall be determined, including the method by which such criteria shall be medically ascertained or confirmed.

**(b) Ascertaining the Requirements of the Jewish Law:** In determining the requirements of Jewish law and custom in connection with this declaration, I direct my attorney from time to time as he deems necessary to consult with an Orthodox Rabbi and follow the guidance:

If my attorney is unable to find an Orthodox Rabbi to provide such consultation and guidance, then I direct my attorney to seek a referral of an Orthodox Rabbi by the Toronto Vaad Harabonim, or Agudath Israel.

**(c) Direction to Health Care Providers:** Any health provider shall rely upon and carry out the decisions of my attorney, and may assume that such decisions of my attorney, and may assume that such decisions reflect my wishes and were arrived at in accordance with the procedures set forth in this directive.

Pending contact with the attorney and/or Orthodox Rabbi described above, it is my desire, and I hereby direct, that all health care providers undertake all essential emergency and/ or life sustaining measures on my behalf.

**(d) Access to Medical Records and Information:** All of my health information and other medical records shall be made available to my attorney upon request in the same manner as such information and records be released and disclosed to me, and my attorney shall have and may exercise all the rights I would have regarding the use and disclosure of such information and records.

**(e) Post-Mortem Decisions:** It is also my desire, and I hereby direct, that after my death, all decisions concerning the handling and disposition of my body be made pursuant to Jewish law and custom as determined in accordance with strict Orthodox interpretation and tradition. For example, Jewish law generally requires expeditious burial and imposes special requirements with regard to the preparation of the body for burial. It is my wish that Orthodox Jewish law and custom be followed with respect to these matters.

Further, subject to certain limited expectation, Orthodox Jewish law generally prohibits the performance of any autopsy or dissection. It is my wish that Jewish law and custom be followed with respect to such procedures, and with respect to all other post-mortem matters including the removal and usage of any of my body organs or tissue for transplantation or any other purposes. I direct that any health care provider in attendance at my death notify the attorney immediately upon my death, in addition to any other person whose consent by law must be solicited and obtained, prior to the use of any part of my body as an anatomical gift, so that appropriate decisions and arrangements can be made in accordance with my wishes. Pending such notification, and unless there is specific authorization by my attorney or an Orthodox Rabbi consulted in accordance with procedures section 2 above, it is my desire, and I hereby direct, that no post-mortem procedure be performed on my body.

**(F) Incontrovertible Evidence of My Wishes:** If, for any reason, this document is deemed not legally effective as a health care proxy, or if the persons designated in section 1 above as my attorney and alternate attorney are unable, unwilling or unavailable to serve in such capacity, I declare to my family, my doctor and anyone else whom it may concern that the wishes I have expressed herein with regard to compliance with Jewish law and custom should be treated as incontrovertible evidence of my intent and desire with respect to all health care measures and post-mortem procedures; and that it is my wish that the procedure outlined in this document should be followed in determining the requirements of Jewish law and custom.

3. I give my attorney(s) the **AUTHORITY**, to make any personal care decision for me that I am mentally capable of making for myself, including the giving or refusing to any matter, to which the *Health Care Consent Act, 1996*, applies, subject to the *Substitute Decision Act, 1992*, and any instructions, conditions or restrictions contained in this form.

4. I authorize my attorneys to take compensation commensurate with their activities carried out in accordance with the fee scale prescribed by regulation for the compensation of guardians of property made pursuant to section 90 of the *Substitute Decisions Act, 1992*.

5. Unless otherwise stated in this document, this continuing power of attorney will come into effect on the date it is signed and witnessed.

Signature of Grantor of Power: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_

We, the witnesses and undersigned, have signed this power of attorney in the presence of the person whose name appears above and in the presence of each other.

Signed in the presence of:

Witness No. 1          \_\_\_\_\_                  \_\_\_\_\_  
    Signature    Name

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Witness No. 2          \_\_\_\_\_                  \_\_\_\_\_  
    Signature    Name

Address: \_\_\_\_\_ Date: \_\_\_\_\_