

# Medical Guardianship Declaration Form

The **medical guardianship declaration form sample** is a crucial document that authorizes a designated individual to make healthcare decisions on behalf of someone unable to do so. It ensures that medical preferences and rights are respected according to the wishes of the person involved. Utilizing this form helps provide clarity and legal protection in medical care situations.

**Patient (Principal) Full Name:**

**Date of Birth:**

**Medical Guardian Full Name:**

**Relationship to Patient:**

**Guardian Contact Information:**

**Scope of Guardian's Authority (optional):**

List any limitations or special instructions regarding medical decisions.

**Patient (Principal) Signature:**

Sign here

**Date:**

**Witness Signature:**

Witness sign here

**Date:**

**Notary Public (if required):**

Notary sign here

**Date:**

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*This document is a sample and may require adjustments to comply with local laws and regulations. Please consult with a legal professional or healthcare provider for guidance specific to your jurisdiction.*