



My Proxy Template*

Date

Appointer (the person assigning responsibility):

First name

Last name

Address

To whom it may concern,

I, (first and last name) _____, delegate to (first and last name) _____
_____ to serve as my agent in my dealings with the pharmacy
and in all other matters related to my treatment.

This permission is valid until (date)

Signed on (date)

Name (please print)

Signature

Witness 1**

Witness 2**

Get more information and resources for caregivers at TevaCaregivers.com

*A "power of attorney for property" is different from a "power of attorney for personal care" (sometimes called a "proxy," "directive" or "representation agreement," depending on your province or territory). Powers of attorney for personal care are required in the event that the person in your care no longer has the ability to make their own decisions. Powers of attorney for personal care may be more common in situations of mental health issues or cognitive decline. These should be discussed with your family doctor or a legal advisor.

**Each province and territory has its own rules about who can and cannot be a witness. Please consult your legal advisor.

This document contains certain legal information that is not legal advice. It is not a substitute for legal advice, and you should always consult a legal professional if you require legal advice or have legal questions regarding yourself or your loved ones.

