

Sch. 2
inserted by
No. 7/1990
s. 10,
amended by
No. 26/1992
s. 10(a)(b).

SCHEDULE 2

Section 5A(2)

ENDURING POWER OF ATTORNEY (MEDICAL TREATMENT)

THIS ENDURING POWER OF ATTORNEY is given on the
day of _____ 19____, by A.B. of _____ under section 5A of the
Medical Treatment Act 1988.

1. I APPOINT

*C. D. of _____ to be my agent.

*C. D. of _____ to be my agent and E. F. of _____

to be my alternate agent.

(*delete whichever is inapplicable)

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:

We (names of witnesses) each believe that A.B. in making
this enduring power of attorney (medical treatment) is of sound mind and
understands the import of this document.

WITNESSED by:

(Signature of Witness)

(Signature of Witness)

(Name of Witness)

(Name of Witness)

(Address of Witness)

(Address of Witness)

NOTE: Section 5A(2)(a) requires at least one of the witnesses to this
instrument to be a person authorised by law to take and receive statutory
declarations.
