

SUBJECT: **SAMPLE – FINAL ATTESTATION FOR AN
AID-IN-DYING DRUG TO END MY LIFE IN A
HUMANE AND DIGNIFIED MANNER**

(EMT/PARAMEDIC/MICN)
REFERENCE NO. 815.3

**FINAL ATTESTATION FOR AN AID-IN-DYING DRUG TO END MY LIFE
IN A HUMANE AND DIGNIFIED MANNER**

I, **Patient Name**, am an adult of sound mind and a resident of the State of California.

I am suffering from _____, which my attending physician has determined is in its terminal phase and which has been medically confirmed.

I have been fully informed of my diagnosis and prognosis, the nature of the aid-in-dying drug to be prescribed and potential associated risks, the expected result, and the feasible alternatives or additional treatment options, including comfort care, palliative care, and pain control.

I have received the aid-in-dying drug and am fully aware that this aid-in-dying drug will end my life in a humane and dignified manner.

INITIAL ONE:

_____ I have informed one or more members of my family of my decision and taken their opinions into consideration.

_____ I have decided not to inform my family of my decision.

_____ I have no family to inform of my decision.

My attending physician has counseled me about the possibility that my death may not be immediately upon the consumption of the drug.

I make this decision to ingest the aid-in-dying drug to end my life in a humane and dignified matter. I understand I still may choose not to ingest the drug and by signing this form I am under no obligation to ingest the drug. I understand I may rescind this request at any time.

Signed: _____

Dated: _____

Time: _____

EFFECTIVE: 06-21-16
REVISED: 04-01-21
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