

# Life Skills Recovery Ranch

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## MEDICAL PROXY

I \_\_\_\_\_, hereby authorize the officers and employees of Life Skills Recovery to make medical decisions in regard to my health while in their care, when/if it is their judgment that the presenting medical problem constitutes an emergency. I freely authorize this by my hand on the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

Print Name: \_\_\_\_\_

Signature of Intern: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_