[Note: This Addendum "A" is not part of the statutory Advance Directive form. It was prepared by a Christian Scientist to accommodate the desires of Christian Scientists. It is optional and may be modified before it is signed to suit individual needs, desires and circumstances.]

ADDENDUM "A" TO ADVANCE DIRECTIVE

I intend that this Addendum "A" be a part of the attached Advance Directive and that the instructions given and powers conferred in that document be exercised only in compliance with this Addendum.

Statement of Desires, Special Provisions, and Limitations

In exercising the authority under this Advance Directive, my health care representative shall act consistently with my desires as stated herein and is subject to the following special provisions and limitations:

a. Desire to Receive Christian Science Care Exclusively

i. It is my express desire that, in any situation requiring physical or mental care, my health care representative shall obtain such care from a Christian Science Nurse or from an authorized Christian Science Practitioner, or from both, exclusively.

ii. I further instruct that such care be given to me in my own home, if practicable, or at a facility dedicated to rendering Christian Science care. In no event shall I be kept at any facility in which I cannot be given Christian Science care exclusively.

iii. I am a member of the Church of Christ, Scientist, also known as the Christian Science denomination, am a practicing student of Christian Science, and have relied on Christian Science care to meet my physical and mental needs. I have experienced and witnessed the effectiveness of Christian Science care in healing both physical and mental conditions, including illness, accident, and injury.

iv. It is my express desire that my health care representative choose Christian Science care for me as I would do for myself. I do not wish to receive medical treatment for illness, accident, or injury, specifically including all conditions described in Part C of the attached Advance Directive.

v. If any diagnosis is made at my request or otherwise, such diagnosis shall not be construed to imply my consent to medical treatment. My wearing of prescription glasses, use of a hearing aid, use of others aids, or the request for a specific medically-oriented procedure – *e.g.*, setting a broken bone or dentistry on a tooth – shall not be construed as my having forsaken my belief in, adherence to, and reliance upon God through Christian Science treatment for healing.

b. Involuntary Medical Treatment Including Life-Sustaining Procedures; Withdrawal. If, under any circumstance, I am placed into the care of medical professionals without my express written consent, I direct and authorize my health care representative to obtain my release from such care, including, without limitation, release from or withdrawal of life support or tube feeding, as defined in the attached Advance Directive, or from any other medical procedures.

c. Consent to Medical Care Prohibited. I hereby prohibit my health care representative from giving consent to the rendering or administering of any medical care procedure or drug on my behalf, but this paragraph shall not prohibit my health care representative from authorizing or consenting to the rendering or administering, by any individual, of the type of care procedures that would be used by an authorized Christian Science Nurse, or other such emergency medical or first aid care or treatment that my health care representative, in his or her best judgement, believes that I would consent to if I were able to provide such consent. In the event that such emergency medical or first aid care or treatment is provided to me, it is my desire, and I direct my health care representative, to make arrangements to remove me from such care or treatment as soon as practicable to enable me to receive care in the manner set forth in paragraph a. above.

_____ _____

Signature Date

_____ _____

(Signature of Witness/Date) (Printed Name of Witness)

_____ _____

(Signature of Witness/Date) (Printed Name of Witness)