IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

In the matter of:	:	
	:	
_____,	:	C.M. #: _____
The Principal	:	

Waiver of Notice and Consent to Petition to Enjoin or Require Healthcare Decision-Making

I, _____, whose relationship to the person whose medical needs are in dispute is that of _____ (*e.g.* mother, brother), hereby waive my right to notice of the hearing and to be heard and participate in the Court's determination of appropriate healthcare decision-making by the agent at issue.

Signature: _____

Address: _____

Phone Number: _____

STATE OF _____ :

COUNTY OF _____:

This instrument was acknowledged before me on this _____ day of _____, 20_____ by _____ [Name of affiant].

_____

Notary Public/Chancery Court Clerk