

AGREEMENT WITH MY FAMILY ABOUT DRIVING



To My Family:

The time may come when I can no longer make the best decisions for the safety of others and myself. Therefore, to help my family make necessary decisions, this statement is an expression of my wishes and directions while I am still able to make these decisions.

I have discussed with my family my desire to drive as long as it is safe for me to do so.

When it is not reasonable for me to drive, I desire _____
(person's name) to tell me I can no longer drive.

I trust my family will take the necessary steps to prohibit my driving to ensure my safety and the safety of others while protecting my dignity.

Signed _____

Date _____

Copies of this request have been shared with:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____