

ADULT MEDICAL RELEASE FORM

First Presbyterian Church

189 Church Street

Marietta, Georgia 30064

I _____ authorize Keith Gunter, Matt McConville or other adult leadership they appoint, to seek medical care for me in the event that I am incapacitated or otherwise unable to request care for sickness, injury and/or other medical emergency.

_____ Date: _____
X Signature

Witnessed by and sworn to this date: _____

(Notary Public)

County of _____ State of Georgia – USA

My Commission expires on _____

(Seal)

Void without original signature and impressed with seal.

Insurance Provider: _____

Policy # _____

Group # _____

Pre-Cert Phone _____