

ADULT MEDICAL INFORMATION AND TREATMENT RELEASE FORM

First United Methodist Church

201 S. Locust, Denton, Texas 76201, 940-382-5478

Personal & Medical Information

Name: _____

Home address: _____

City & Zip Code: _____

Phone: _____

Date of birth: _____

Emergency Contact Name: _____

Emergency Contact #: _____

Social Security #: _____

Family Physician: _____ Phone: _____

Personal medical history

Chronic health condition: _____

Last tetanus immunization: _____

Allergic to: _____

Insurance Information

Group or Family Hospitalization Insurance Company: _____

Insurance Company's Address: _____

Group # _____ Policy # _____ Phone # _____

In Case of Emergency Call: (Name) _____ Relationship: _____

Day Phone Number: _____ Night Phone Number: _____

PLEASE COMPLETE REVERSE SIDE OF FORM. THANK YOU!

Power of Attorney

I (We), _____ of the County of _____, State of Texas, do by these presents make, constitute and appoint and in my name, place and stead; and to do any, ever and all acts and exercise any, every and all powers that I might or could do in giving consent to emergency medical treatment for myself that he/she shall deem proper or advisable to do or exercise on my behalf.

The Power of Attorney and appointment of Deana Mason, or his/her agent as, attorney-in-fact for the limited purpose of consenting to emergency medical treatment for the above named adult shall not terminate on my physical or mental disability subsequent to the date of execution hereof.

Date: _____

Signed: _____

Notarization

STATE OF TEXAS

COUNTY OF _____

BEFORE ME, the undersigned authority, _____ on _____, 20____, personally appeared known to me to be the person whose name is subscribed to the above and foregoing instrument and acknowledge to me that he/she executed the same for the purpose and consideration there in expressed.

Notary Public

Printed Name: _____

My Commission Expires: