GCMCA

Genesee County Medical Control Authority

Do-Not-Resuscitate Order

I have discussed my health status with my physician _____, I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me.

This order is effective until it is revoked by me.

Being of sound mind, I voluntarily execute this order, and I understand its full import.

_____ _____

(Declarant's Signature) (Date)

_____

(Type or Print Declarant's Full Name)

_____ _____

(Signature of Person Who Signed for Declarant, if Applicable) (Date)

_____

Type or Print Full Name)

_____ _____

(Physician's Signature) (Date)

_____

(Type or Print Physician's Full Name)

ATTESTATION OF WITNESS

The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence. Upon executing this order, the individual has (has not) received an identification bracelet.

_____ _____

(**Witness Signature**) (Date) (**Witness Signature**) (Date)

_____ _____

(Type or Print Witness's Name) (Type or Print Witness's Name)

This form was prepared pursuant to, and is in compliance with, the "Michigan do-not-resuscitate procedure act."

Per Attorney General Opinion 7056, a court appointed guardian of a developmentally disabled adult ward, does **not** have the authority to sign this form on behalf of a disabled adult ward when that ward is not of sound mind.

3927 Beecher Road ♦ Flint, Michigan 48532 ♦ (810) 766-8898 ♦ Fax: 810-762-4108

GCMCA

Genesee County Medical Control Authority

Do-Not-Resuscitate Order

Adherent of Church or Religious Denomination

I have discussed my health status with my physician _____, I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me.

This order is effective until it is revoked by me.

Being of sound mind, I voluntarily execute this order, and I understand its full import.

_____ _____

(Declarant's Signature) (Date)

_____

(Type or Print Declarant's Full Name)

_____ _____

(Signature of Person Who Signed for Declarant, if Applicable) (Date)

_____

Type or Print Full Name)

_____ _____

(Physician's Signature) (Date)

_____

(Type or Print Physician's Full Name)

ATTESTATION OF WITNESS

The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence. Upon executing this order, the individual has (has not) received an identification bracelet.

_____ _____

(**Witness Signature**) (Date) (**Witness Signature**) (Date)

_____ _____

(Type or Print Witness's Name) (Type or Print Witness's Name)

This form was prepared pursuant to, and is in compliance with, the "Michigan do-not-resuscitate procedure act."

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