Girl Scouts Authorization for Medical Treatment for Minors

If your child needs medical or dental attention, you as a parent must give permission. For those times when it will be hard to contact you, you can give permission to other adults. They can then act for you in permitting medical or dental care for your child when you are not available. This is a legal document. With it, you may appoint other adults to act for you. This document will be kept with the responsible adult.

<u>Both parents</u> must sign the authorization form, which <u>MUST</u> be notarized. If the parents are not together, parent consent from both parents is still necessary. If one parent is the custodial parent or deceased, there <u>MUST</u> be legal proof/documentation of this status.

I/We, _____ and _____ being the parent(s) or legal guardian(s) of the

named minor, ______, do hereby appoint:

Name(s):	Address:	Phone:	
1.			
2.			
3.			
4.			
5.			

To act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor during the period of my/our absence from: __________ (date of travel). This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

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ribed in and who execut	ed the within and	d foregoing instru	ment, and
the same as his/her/the	ir free and volur	ntary act and dee	d, for the uses
this day a	of	, [year].	
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