

Authorization for Medical Treatment for Adults

If an adult requires medical attention, they must be able to give consent. If a situation arises that you are not able to give your consent, you must authorize a family member and/or another adult to give consent on your behalf. When traveling outside of the state of Florida on a designated Girl Scout trip, you must authorize at least one other adult that will be on the trip in case your family is not able to be reached. The following that authorizes the designated adult(s) listed below permission to authorize medical/dental treatment on the parent(s)/legal guardian(s) behalf.

The adult participant must	sign this permission form, which MU	ST be notarized.	
Ι,	, hereby appoint the fo	llowing adults:	
Name	Address		Phone
1			
2			
for the above-named adult d will do their due diligence to on not hesitate to authorize eme hospital staff, dentist, etc. at	uthorizing any unexpected emergence during the dates of / / / toontact the designated family membergency treatment if necessary. This esuch a time that any of the above typent:	o / / er first, but if not able to r document shall be prese pes of medical emergence	The adults listed above make contact, they will nted to a physician, ies may be required.
Signature adult participant: _			
In the state of	and county of	on this	day
of, before me	personally appeared	and	to me
	r individuals described in and who ex ey signed the same as his/her/their f ned.		
Given under my hand and of	ficial seal thisday of _	, [year].	
Notary Signature:		-	
Notary Printed Name:		-	
Notary Public in and for the S	Stare of		
My appointment expires on _	<u> </u>	SE	AL