

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 I,			
Name	Address	onowing addits.	Phone
1			
2			
To act on my/our behalf in authorizing for the above-named adult during the will do their due diligence to contact the not hesitate to authorize emergency the hospital staff, dentist, etc. at such a time.	e dates of / / / the designated family member treatment if necessary. This ime that any of the above types.	to / / er first, but if not able to document shall be prese bes of medical emergence	The adults listed above make contact, they will ented to a physician, cies may be required.
Print name of adult participant:			
Signature adult participant:			
In the state of	and county of	on this	day
of, before me persona	ılly appeared	and	to me
known to be the individual, or individual acknowledged that he/she/they signer and purposes therein mentioned.			
Given under my hand and official sea	al thisday of _	, [year].	
Notary Signature:		_	
Notary Printed Name:		-	
Notary Public in and for the Stare of _			
My appointment expires on		SI	EAL