Girl Scouts of Montana and Wyoming

Authorization for Medical Treatment for Adults

Permission must be granted if you need medical and/or dental attention while on Girl Scouts travel. In the event that it is hard to contact your family, you can give permission to other adults. They can then act for you in permitting medical or dental care for yourself when family is 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 Girl Scout trip's responsible adult.

You and an adult member of your family (spouse, parent, child over the age of 18) must sign the authorization form, which

MUST be notarized.	, , , , ,	
	and named family	member,,
do hereby appoint:		
Name:	Address:	Phone:
1		
2		
adult during the period from:	to: sician, dentist, or appropriate h	cal care and hospitalization for the above named (dates of travel). ospital representative at such time as unexpected
Signature of adult participant:		
Typed name of adult participant:		
Signature of named family member:		
Typed name of named family member:		
In the state of	and county of	on this day
of, before me personally app	peared	and
		uted the within and foregoing instrument, and voluntary act and deed, for the uses and purposes
Given under my hand and official seal this_	day of	, [year].
Notary Signature:		
Notary Printed Name:		
Notary Public in and for the State of		
My appointment expires on		
		SEAL