



## Medical Treatment Authorization

This form is required for international travel, air travel and recommended for in state and travel across state lines. If you need medical or dental attention, and you are unable to provide consent on your own, you can give permission to other adults to act on your behalf. You may grant them permission to seek the services of a licensed medical doctor or emergency room physician in the event of an emergency or illness requiring medical attention. This document will be presented to a physician, dentist or appropriate hospital representative at such time as an unexpected medical, dental, surgical care or hospitalization will be required. **This is a legal document and must be notarized.**

I, \_\_\_\_\_, agree to allow medical and/or surgical treatment which in the judgment of a physician may be deemed necessary for my health and welfare. I will take full responsibility for all charges that occur. Girl Scout insurance is secondary to your primary insurance.

I also will allow the following adults to act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization while traveling:

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Printed name:** \_\_\_\_\_

Given under my hand and official seal this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. In the state of \_\_\_\_\_ and county of \_\_\_\_\_, before me personally appeared \_\_\_\_\_

**known to be the individual, described in and who** executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

**Notary Signature:** \_\_\_\_\_ **Notary Printed Name:** \_\_\_\_\_  
**Notary Public in and for the State of** \_\_\_\_\_ **My appointment expires on** \_\_\_\_\_