



Girl Scouts of Southeastern Michigan

Authorization for Medical Treatment for Minors

If your child needs medical or dental attention while on Girl Scouts travel, you as a parent must give permission. In the event that it is 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.*

Both parents must sign the authorization form, which **MUST** 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 **MUST** 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:	Address:	Phone:
1. _____	_____	_____
2. _____	_____	_____

To act in my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named adult during the period 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.*

Signature of mother or guardian: _____

Printed name of mother or guardian: _____

Signature of father or guardian: _____

Printed name of father or guardian: _____

In the state of _____ and county of _____ on this day _____

of _____, before me personally appeared _____ and _____

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

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 _____

