



## Girl Scouts–North Carolina Coastal Pines Authorization for Medical Treatment for Adults

If you need medical or dental attention, you must give permission. For those times when it will be 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 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.

I, \_\_\_\_\_ and named family member, \_\_\_\_\_ do hereby appoint:

Name(s)	Phone
1.	
2.	
3.	

**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 adult participant: \_\_\_\_\_

Printed name of adult participant: \_\_\_\_\_

Signature of named family member: \_\_\_\_\_

Printed name of named family member: \_\_\_\_\_

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 \_\_\_\_\_.

