girl scouts of kansas heartland

AUTHORIZATION FOR MEDICAL TREATMENT FOR MINORS

If your child needs medical or dental attention, you as a parent must give permission. For those times when it will be 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(s):	**Address:**	**Phone:**
1. 2. 3. 4. 5.		

To act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor during the period of my/our absence 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.*

PARENTAL/GUARDIAN PERMISSION:

_____ _____

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 _____; expires on _____.

SEAL