

AUTHORIZATION FOR MEDICAL TREATMENT

This is authorization for my daughter/ward (name) _____

Parent/Guardian Statement: I authorize the Girl Scout adult in charge to consent to medical treatment when either I or my assignee cannot be contacted. I understand that every effort will be made to contact me before such action. I assume financial responsibility for emergency care if such care is not covered by GSUSA Activity Accident Insurance.

Declaración de Padre/Guardián: Yo autorizo a la persona adulta encargada de las Girl Scouts que consiga tratamiento médico para mi hija cuando yo o la persona que he asignado, no pueda ser encontrado. Yo asumo cualquier responsabilidad financiera de tratamiento de emergencia, si tal no se cubre por la aseguransa de Girl Scouts.

Notarization/Certificación por Notario: REQUIRED ... Parent/guardian signature must be in presence of notary

Sworn to and subscribed before me in _____ Texas, this _____
day of _____ 20____ Notary Public in
and for the County of _____ Texas.

Signature of Parent/Guardian// Firma de Padre/Guardián
(MUST be signed in the presence of notary)

Date/Fecha

OPTIONAL FORM: If used, should be attached to Girl's Health History Record.

GAOU/aw rev. 10/4/00
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Girl Scouts of Tejas Council
P.O. Box 797447, Dallas TX 75379

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