



Girl Scouts of Greater Los Angeles
Adult Emergency Information and
Authorization for Treatment

Name _____ Troop # _____

Address _____

City _____ State _____ Zip code _____

Home Phone _____ Cell Phone _____

Physician _____ Phone _____

Address _____

Insurance _____

Special Needs _____

The undersigned _____ authorizes Girl Scouts of Greater Los Angeles as an agent to consent to an X-ray, anesthetic, medical, or surgical diagnosis or treatment, either at a medical office or at a licensed hospital.

This authorization is given in advance of any required care to empower the agent to give consent for such treatment, as the physician may deem advisable.

Emergency Contact _____

Address _____

City _____ State _____ Zip code _____

Telephone Number _____

Signature _____ Date _____