



Girl Scouts of Greater Los Angeles

Adult Emergency information and Authorization for Treatment

Name _____ Troop _____

Address _____

Home Phone _____ Bus. 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 _____

Telephone Number _____

Signature _____ Date _____