



# 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 \_\_\_\_\_