



# 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 \_\_\_\_\_