

# Girl Scouts of Southeast Florida

**Jupiter Service Center**  
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**Oakland Park Service Center**  
4701 NW 33<sup>rd</sup> Ave.  
Oakland Park, FL 33309  
954-739-7660  
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## NOTARIZED EMERGENCY MEDICAL PERMISSION FORM

GIRL NAME: \_\_\_\_\_

In the event of any injury or illness to the minor child during any Council Summer Camp programming on or between the dates of June 13, 2009 and July 10, 2009, I, (print) \_\_\_\_\_, as the parent/guardian authorize the designated Girl Scouts of Southeast Florida staff person to act in my place and stead as my attorney in fact. In addition, I authorize the designated Girl Scouts of Southeast Florida staff person to furnish, or obtain, without liability, such emergency first aid, medical, hospital, surgical care and/or treatment as considered necessary and proper given the facts, circumstances and information given to the decision maker at the time and do and perform all things as if I were present.

I have provided Girl Scouts staff information and documentation of her pre-existing health conditions, including but not limited to, physical disabilities, mental/behavioral disabilities, allergies and current medications.

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Name (signature)

\_\_\_\_\_  
Day Emergency Phone (Cellular phone preferred)

\_\_\_\_\_  
Night Emergency Phone

\_\_\_\_\_  
Primary Insurance Company

\_\_\_\_\_  
Group Number and company phone number

\_\_\_\_\_  
Secondary Insurance Company (if applicable)

\_\_\_\_\_  
Group Number and company phone number

\_\_\_\_\_  
WITNESS A

\_\_\_\_\_  
WITNESS B

STATE OF FLORIDA

COUNTY OF: \_\_\_\_\_

I hereby certify that on this day, before me, an officer duly authorized in the state aforesaid and in the county aforesaid to take acknowledgements, personally appeared. To me known to be the person(s) described in and who executed the foregoing instrument and acknowledged before me that he/she/they executed the same for the purpose therein expressed.

Witness my hand and official seal in the county and state aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My Commission expires: \_\_\_\_\_

Date

\_\_\_\_\_  
Notary Public Signature