



NOTARIZED EMERGENCY MEDICAL PERMISSION FORM

CAMPER NAME: _____

Should the above mentioned minor child sustain any injury or illness in the course of any Council Summer Camp programming during the period of June 7, 2024 through August 7, 2024, then I both individually and on behalf of this minorchild, authorize the Girl Scouts (staff), in its sole discretion through the adult in charge, as my attorney in fact for me in my place and stead, to furnish, or obtain, without liability, such emergency first aid, medical, hospital, and/or surgical care or treatment as it considers necessary and proper in the treatment of my child under the circumstance then existent, and authority to do and perform all things to be done 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 (Cell 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