



Consent to Treat a Minor Form

I understand that the information that is on this form will be used to keep my daughter safe and in the event of an accident will be used to seek medical treatment.

I hereby give permission to the staff representative(s) at the Wilderness Road Girl Scout Council and/or the troop/group leader(s) and/or chaperone(s) of my daughter to seek emergency medical treatment due to an accident or illness while participating in Girl Scout activities.

I understand that I will be notified as soon as possible. In the event, I am unreachable; I authorize the hospital and/or physician(s) to administer treatment to my daughter; and the release of any records necessary for insurance purposes. I understand that I am responsible for any balance that is incurred from the hospital and/or physician.

Print Parent/Guardian(s) Name

Parent/Guardian(s) Signature

Date