

***Beyond Our Boundaries***  
**Authorization for Medical Treatment**

If you need medical or dental attention, you must give permission. This is a legal document. *This document will be kept with the responsible group leader and/or chaperone.*

**You and your legal guardian** must sign the authorization form, which **MUST** be notarized.

I, \_\_\_\_\_, and named legal guardian, \_\_\_\_\_ do hereby appoint Beyond Our Boundaries employees and/or volunteers, **to act to the extent reasonably necessary, on my behalf, in authorizing unexpected medical, dental, surgical care and hospitalization for the above named adult for all trips, travel and activities with Beyond Our Boundaries.** *This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required. All medical expenses incurred including emergency transportation will the responsibility of the participant or legal guardian.*

Signature of adult participant: \_\_\_\_\_  
Printed name of adult participant: \_\_\_\_\_  
Signature of legal guardian: \_\_\_\_\_  
Printed name of legal guardian: \_\_\_\_\_

In the state of \_\_\_\_\_ and county of \_\_\_\_\_ on this day \_\_\_\_\_ of \_\_\_\_\_, before me personally appeared \_\_\_\_\_ and \_\_\_\_\_ to me known to be the individual, or individuals described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, [year].

Notary Signature: \_\_\_\_\_

Notary Printed Name: \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_.

My appointment expires on \_\_\_\_\_.

