

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 _____.

