

Authorization for Medical Treatment for Adults

If you need medical or dental attention, you must give permission. For those times when it will be hard to contact your family, you can give permission to other adults. They can then act for you in permitting medical or dental care for yourself when family is not available. This is a legal document. With it, you may appoint other adults to act for you. *This document will be kept with the responsible adult.*

I, _____ do hereby appoint:

Name(s)	Address	Phone
1.		
2.		
3.		
4.		
5.		

To act in my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named adult during the period from: _____ (date of travel). *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.*

Signature of adult participant: _____

Printed name of adult participant: _____