



Girl Scouts, Hornets' Nest Council  
 7007 Idlewild Road • Charlotte, NC 28212  
 704-731-6500, Outside Mecklenburg 800-868-0528  
 Website: [www.hngirlscouts.org](http://www.hngirlscouts.org)



## Refusal to Consent to Medical Treatment of Minor Daughter or Ward

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To Girl Scouts, Hornets' Nest Council:

The undersigned \_\_\_\_\_, are the 1) natural parents 2) parent with sole legal custody and rights over the minor child; or 3) legal guardians of \_\_\_\_\_, a minor, who is a member of Girl Scouts, Hornets' Nest Council, Troop # \_\_\_\_\_.

The undersigned are members of \_\_\_\_\_ (designate denomination or sect) and hold religious beliefs that are in conflict with our daughter or ward receiving any medical care for any reason. On the ground of such religious belief, and pursuant to our Constitutional rights, the undersigned state and direct that the above minor is to receive NO MEDICAL TREATMENT whatsoever, in any form or manner.

**WE UNDERSTAND AND ACKNOWLEDGE THAT OUR REFUSAL TO CONSENT TO ANY MEDICAL TREATMENT FOR OUR DAUGHTER OR WARD MAY ENDANGER HER LIFE OR HER HEALTH.**

We, the undersigned, knowingly and willingly assume the risk and consequences of our REFUSAL to consent to medical treatment for our daughter or ward and release the Girl Scouts, Hornets' Nest Council and all of its members, staff, and any other person connected thereto from any and all liability for any damage, injury, sickness, disease, disability, cost or expense which in any way results, in whole or part from our refusal to consent to the performance of medical treatment on our minor daughter or ward. I understand that this is a release of liability, which is binding upon myself, heirs, executives, personal representatives and anyone else that might make a claim through or under me or my daughter or ward.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**