



Administering Medication to a Minor Parent Permission Form

Please list all prescription and over-the-counter medications that will be sent with your youth.

NAME OF PARTICIPANT: _____
(Last) (First) (Middle)

Medical condition	Name of medication	Dosage
1.		
When and how often is dose administered?		Special storage requirements (ie., refrigeration)
Medical condition	Name of medication	Dosage
2.		
When and how often is dose administered?		Special storage requirements (ie., refrigeration)
Medical condition	Name of medication	Dosage
3.		
When and how often is dose administered?		Special storage requirements (ie., refrigeration)

There are certain medications that girls may be given permission to carry, including bronchial inhalers, EpiPens, or emergency diabetes medication.

My daughter will be carrying the following medication with her and has been instructed in its use:

- All medications must be sent in the original, labeled container.
- All medications will be dispensed per directions on the label.
- All medications provided must be unexpired.
- Prescribed medication must be for the child receiving the medication.
- The parent/guardian named below will be contacted should any questions arise.

I give permission for the Girl Scout adult to assist my child/ward by providing over the counter medication if requested and to assist with the prescription medication listed above. By signing this form I agree that I will not hold the Girl Scout adult(s) or Girl Scout council responsible for any adverse reactions from the medication(s).

Parent/Guardian SIGNATURE: _____

Date: _____ **Primary phone:** _____