

of greater chicago and northwest indiana

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 med		edication	Dosage
1.			
When and how often is dose administered?		Special storage requirements (ie., refrigeration)	
Medical condition	Name of me	edication	Dosage
2.			
When and how often is dose administered?		Special storage requirements (ie., refrigeration)	
Medical condition	Name of me	edication	Dosage
3.			
When and how often is dose administered?		Special storage r	requirements (ie., refrigeration)
emergency diabetes medication.		•	•
emergency diabetes medication.		•	•
emergency diabetes medication. My daughter will be carrying the follow	ving medication with her	and has been instructed ir	•
emergency diabetes medication.	ving medication with her	and has been instructed in	•
All medications will be dispensional and an arrow of the follow. All medications must be sent. All medications will be dispensional and arrow of the follow.	ving medication with her in the original, labeled cosed per directions on the to be unexpired.	and has been instructed in ontainer. label.	•
All medications must be sent All medications will be dispensional and an arrow of the follow. All medications must be sent All medications will be dispensional and arrow of the follow.	ving medication with her in the original, labeled co sed per directions on the t be unexpired. e for the child receiving	and has been instructed in ontainer. label.	n its use:
All medications must be sent All medications will be dispensional provided must be parently and parently guardian named by the medication and the medication must be sent.	in the original, labeled cosed per directions on the be unexpired. e for the child receiving the low will be contacted sl	and has been instructed in ontainer. Iabel. the medication. hould any questions arise.	n its use:
All medications must be sent All medications will be dispensional provided must be prescribed medication must be to the parent/guardian named but give permission for the Girl Scout add to assist with the prescription medication.	in the original, labeled cosed per directions on the to be unexpired. The for the child receiving the low will be contacted sloult to assist my child/war ion listed above. By sign	and has been instructed in ontainer. It is the medication. It is moved any questions arise. It is given by providing over the coning this form I agree that I	n its use: Sounter medication if requested and I will not hold the Girl Scout
All medications must be sent All medications will be dispensional prescribed medication must be a Prescribed medication must be a The parent/guardian named be give permission for the Girl Scout add to assist with the prescription medication in the adult(s) or Girl Scout council responsions.	in the original, labeled cosed per directions on the to be unexpired. e for the child receiving the lelow will be contacted sloult to assist my child/war ion listed above. By significant significant in the lelow and significant in the lelow will be contacted sloult to assist my child/war ion listed above. By significant in the lelow will be for any adverse reactions.	and has been instructed in ontainer. Ithe medication. Inould any questions arise. Ithe by providing over the coning this form I agree that I tions from the medication(n its use: Sounter medication if requested and I will not hold the Girl Scout
 All medications will be dispense All medications provided must Prescribed medication must be 	in the original, labeled cosed per directions on the to be unexpired. e for the child receiving the lelow will be contacted sloult to assist my child/war ion listed above. By significant significant in the lelow and significant in the lelow will be contacted sloult to assist my child/war ion listed above. By significant in the lelow will be for any adverse reactions.	and has been instructed in ontainer. Ithe medication. Inould any questions arise. Ithe by providing over the coning this form I agree that I tions from the medication(n its use: Sounter medication if requested and I will not hold the Girl Scout