girl scouts of colorado

Medication Permission Form

Parent/Guardian: Complete, sign, and submit this form to the Troop/Group Leader or Trip Advisor if you anticipate your child will need to take any over-the-counter or prescription medication during any Girl Scout activity.

- **List all over-the-counter and prescription medications -** including insect repellant, sunscreen, anti-itch ointment, etc. Medications (other than external first aid treatment) will not be administered without this form. Girls may keep over-the-counter insect repellant, sunscreen, and anti-itch ointment with them, but it must be described below.
- All medications are to be kept by the Troop/Group Leader or First Aider – with the exception of physician-identified emergency medications such as bronchial inhalers, diabetes medication, and EpiPens.
- Medications must be in their original container. Prescriptions must show the girl's name on the original label.

Girl's Name: _____ Troop #: _____

Medication	Reason for Medication	Dosage	When to administer

Allergies

List any known medication and food allergies: _____

_____

☐ My child has no known allergies.

Parent/Guardian Agreement

I have read and understand the above guidelines regarding the dispensing of medications to my child. I have written the name(s) of medications she is presently taking and directions for administering them. If any changes to medications are made, I will add them to the list and re-sign this form.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Updated: _____

Parent/Guardian Signature: _____ Updated: _____

Parent/Guardian Signature: _____ Updated: _____