Girl Scouts of Western Washington

Administering Medications to a Minor
PARENTAL PERMISSION FORM

I am the parent/legal guardian of _________________________, a registered Girl Scout who has a medical condition that requires that she take prescription medication. Throughout the course of the year, she also may take over-the-counter medications as needed and indicated below. Because I will be unable to be with her at the time she needs to take prescription and/or over-the-counter medication, I give _______________________ [name of troop leader or authorized volunteer] permission to administer the following medication to my daughter or legal ward according to the following instructions of her medical provider:

Prescription Medication
List any medications including dosage schedule and specific instructions for use. ALL prescriptions must be in the original container with appropriate label.

Medical Condition	Name of Medication	Dosage	When and how often dose is administered	Special Storage Requirements (i.e. refrigeration, etc.)

Over-the-Counter Medications:
Parent/Guardian of Minors: my daughter has permission to take the following medications in case of accident or injury:

☐	Tylenol/Acetaminophen	☐	Pepto Bismol
☐	Aspirin (fever reducer)	☐	Imodium (anti-diarrhea)
☐	Ibuprofen (pain/swelling)	☐	Dramamine (motion sickness prevention)
☐	Benadryl/Antihistamine	☐	Tums/antacid
☐	Robitussin/expectorant	☐	Sudafed/decongestant
☐	Skin Ointments (in case of rash, antibacterial, athlete's foot, etc.):		

Other:

Special considerations or notes:

I have completed and attached the *Girl or Adult Health History Form* for the Girl Scout named above, and I have also attached the *Written Authorization and Instruction from Medical Provider In Regard to Administering Medications*, which confirms the instructions above regarding the administration of the prescription medication. I understand I am responsible for assuring that all medications I give to the volunteer are not expired. I further understand that the troop leader or volunteer helping me in this regard is not required to undertake this responsibility, and that he or she may discontinue doing so upon giving notice to the Girl Scouts of Western Washington and me.

______________________________ ______________________________ ______________________________
Signature of Parent/Legal Guardian | Printed name of Parent/Legal Guardian | Date

Address

______________________________ ______________________________ ______________________________
Email Address | Phone Number

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