

## Permission to Administer Medication at Camp

A Parent/Guardian must complete this form to authorize Girl Scout staff or volunteers to administer medication. Medications (prescription or over-the-
counter) brought for a camper can only be administered by the Health Supervisor or designated First Aider. All medications, whether oral or topical,
must be in the original container with manufacturer label. Prescriptions must have the child's name clearly marked on the container. Give directly to the
Health Supervisor with this completed form.

Name of Child: Date of Birth:							
Medication Name and Reason for Medication	Dosage (mg, tab, tsp, puff, etc.)	Time to be administered	How to administer (oral, nasal, w/food, etc.)	Day(s) of the week (circle)	Prescribed or Non-prescribed (circle)	Other information to share?	Health Supervisor use only
				S M T W Th F S	Prescribed Non-prescribed		
				S M T W Th F S	Prescribed Non-prescribed		
				S M T W Th F S	Prescribed Non-prescribed		
				S M T W Th F S	Prescribed Non-prescribed		
Additional information of	or special instr	uctions:					
I authorize administratio	on of the abov	e medication(s) to m	ny child by the sta	iff and volunteers	at this Girl Scout ca	mp/event/outing.	
Signature of Parent/Guardian: Date:							