

Permission to Administer Medication

Medications (prescription or over-the-counter) brought for a girl participant can only be administered by the troop leader or adult designee if accompanied by this signed form. All medications, whether oral or topical, must be in the **original container** with manufacturer label and handed directly to the troop leader or adult designee.

I give permission for the troop leader or adult designee to give or apply the medications listed below to my daughter: Print Participant's Full Name Please provide complete information for each medication and sign below. 1. Medication Name: ■ Prescribed ■ Non-prescribed Dates/days/times to be administered: Dosage: Reason for Medication: 2. Medication Name: ____ ☐ Prescribed ☐ Non-prescribed Dates/days/times to be administered: Dosage: _____ Reason for Medication: 3. Medication Name: ☐ Prescribed ☐ Non-prescribed Dates/days/times to be administered: Dosage: Reason for Medication: _____ Signature of parent/guardian: Date:

Phone (day): Phone (evening):