



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): _____