



PERMISSION TO DISPENSE MEDICATION FORM

In order to ensure proper treatment, GSSNE requires that all parents/guardians complete this form if their Girl Scout is to be given medication during the time that she is involved in a troop activity.

Medication will be dispensed by the Troop/Group head volunteer according to the directions given below. All medication will be maintained in a safe place during the time of the activity. **ALL MEDICATION (both prescription and over-the-counter) MUST BE IN THE ORIGINAL CONTAINER. PRESCRIPTION MEDICATIONS MUST INCLUDE THE PRESCRIPTION NUMBER, DATE FILLED, PATIENT'S NAME, DOSAGE AND DOCTOR'S NAME.**

Please print the following information:

NAME: _____

MEDICATION TO BE DISPENSED: _____

STRENGTH OF MEDICATION: _____

DOSAGE AND TIME TO BE ADMINISTERED: _____

PERIOD OF TIME TO BE ADMINISTERED: (date) _____ to (date) _____

POSSIBLE SIDE EFFECTS: _____

REASON FOR MEDICATION: _____

PRESCRIBING PHYSICIAN: _____

PHYSICIAN PHONE NUMBER: _____

_____ Please check here if camper can self-administer and carry their own inhaler, Epi-Pen (this only applies to the as-needed inhalers) or diabetes medication.

Signature of Parent/Guardian

Date