

Medication Administration Permission Form (continued)

Medication _____ Taken for _____ Dosage (amount) _____ How often _____ Give regularly? _____ OR Only when needed? _____ Special instructions or comments:	Medication _____ Taken for _____ Dosage (amount) _____ How often _____ Give regularly? _____ OR Only when needed? _____ Special instructions or comments:
---	---

Please Attach Additional Sheets for Additional Medications

If severe allergic reaction occurs – is epi pin necessary? Yes No
If yes, epi pin must be included with medications.

Check all that apply:

- Girl Scout has permission to self-administer inhaler as needed and is responsible for its use.
- Girl Scout has Epi-pen and has permission to self-administer as needed and is responsible for its use.
- Girl Scout requires assistance from personnel specifically trained to perform procedure (such as giving injections, testing blood sugar, etc.) Specify: _____
- Girl Scout is bringing the following medical equipment to camp: _____
- Girl Scout has permission to receive over the counter medications such as aspirin, Tylenol, Benadryl, etc.

Special comments / instructions (if necessary):

The medications indicated above are to be administered to my Girl Scout while at the activity.

Parent/Guardian _____ / _____ Date _____
(please print) (signature)