girl scouts of california's central coast

MEDICATION PERMISSION FORM

To be completed by custodial guardian/adult
October 1, 20___ to September 30, 20___

Girl's Name	Troop #
Guardian/Adult	Phone

GUIDELINES:

1. No one will be given any prescribed or over-the-counter medication without prior, expressed written approval and specific instructions from the custodial guardian/adult.
2. No medication will be administered unless it is in the original container. All over-the-counter medication that a girl brings to any event **MUST** be marked with the girl's name on the label; and given as prescribed by their medical doctor.
3. All medications, except for physician-identified emergency medications (example: bronchial inhaler) must be placed in a sealed plastic bag and will be taken from the girl's possession at the beginning of the event and will remain in the possession of the adult in charge. Medications will be returned to the girl at the end of the event.
4. Participants may keep over the counter (non-aerosol), insect repellant sunscreen, and anti-itch lotion/ointment that they bring to camp in their possession, but it must be itemized in the list below.

PERSONAL MEDICATION NOT DESCRIBED BELOW WILL NOT BE ADMINISTERED	
Medication: See #2 above	**Directions:** Dose instructions and how often

My Girl Scout has the following allergies: _____

My Girl Scout is taking the following medication: _____

Camp and troop travel:

A limited supply of certain medications may be available for use. Permission to use any of the below listed medications must be initialed by custodial guardian/adult allowing any camp or troop leader to administer these your Girl Scout. Remember to include your Girl Scouts personal dosage instructions for each item.

Permission to Administer Camp-Supplied Medication/Ointments, etc.		
Initials	**Medication**	**Directions:** for dose, how often &/or application.
	Acetaminophen - 325 mg per pill	
	Ibuprofen – 200 mg. per pill	
	Allergy Medicine (oral) – 10mg	
	Bismuth Subsalicylate (Pepto Bismol) -262 mg	
	Antacid-500 mg per pill	
	Benadryl -25 mg per dose	
	Insect Repellent - 7%	
	Calamine Lotion	
	Hydrocortisone Anti-itch Cream 1%	
	Sunblock lotion - SPF 30	
	Aloe Vera Gel	
	Triple Antibiotic Ointment	
	Wash for poison oak/ivy	

_____ _____ _____

Printed Name of Guardian/Adult Signature of Guardian/Date Date

This information will remain confidential and will stay with the Troop Leader and/or Troop First Aider.