



Girl Scouts®
Western New York

Medication Permission

If my daughter needs medication during the event, I will send medication in original package. I understand that it will be dispensed only under the specific directions of a physician or under written instructions (below) from a parent or guardian. However, the Troop First Aider has permission to dispense the following non-prescription medications, if needed:

Tylenol Benadryl Advil Midol Sudafed Motion Sickness Tablets

Other _____

My daughter will be bringing the following medications with her in the original package. All medications will be given to the first aider. The first aider will supervise the taking of medications.

Medication _____

How often _____

Amount to be taken _____

Reason to be given _____

Other important information about this condition and/or medication _____

Medical Emergency Treatment

I, the parent (guardian) of the participant, _____, give my permission for my daughter (or ward) to receive emergency medical treatment, if necessary.

YES

NO

Medical Insurance Policy # _____

Group # _____

Plan _____

Parent/Guardian Signature

Date