Medication Permission

Child’s Name:

Parent/guardian: Please complete, sign, and submit this form to the troop leader/first aider for each trip your child takes or when changes occur. This is required for the adult to assist with any prescription or administer over-the-counter medication you provide to the troop/group.

All medications must be kept in the possession of the adult first aider. Exception: A traveler may self-carry and administer an EpiPen and albuterol inhaler with a written note from their doctor.

Prescription or over-the-counter medication will NOT be disbursed unless they are provided by the parent/guardian in original container, placed in a re-sealable plastic bag labeled with child’s name and instructions for dispensing.

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| **Medication Name (Prescription or over-the-counter)** | **Dose** | **Frequency** | **Time Administered/Taken** | **Special Instructions** |
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Parent/Guardian Signature: Date: