girl scouts of connecticut

GIRL SCOUTS OF CONNECTICUT
www.gsofct.org 1-800-922-2770

OVER-THE-COUNTER MEDICATION – PARENT/GUARDIAN AUTHORIZATION FORM

- **To be completed by parent/guardian.**
- **Must be completed for <u>each</u> occurrence**
- **For trips of three nights or more, also completes the Girl Health Record Form.**
- **Please note: This form <u>does not</u> give an adult permission to administer medications of any kind.**

Give completed form to Troop/Group Leader or Event Facilitator/Coordinator.
Forms <u>are not</u> transferrable between events/trips.
A new form must be submitted for each event/trip participant will be attending.

Participant Information					
Name (Last, First, Initial)		Parent/Guardian		Troop/Group#	Age
Address		City		ST	Zip
Home Phone	Work Phone		Cell Phone		
Licensed Physician's Name and Phone Number (Required)	Name		Phone		

Medical Information:

- Please complete all information for each medication sent.
- All medications need to be in the original containers listing specific dosages and directions on the label/box.
- The Troop/Group First Aider will hold on to all medications with the exception of an inhaler or Epi-pen.
- Any time medical assistance including the disbursement of medications is provided to a girl, the responsible adult or certified First Aider must record specifics of the treatment in the *First Aid Treatment Log (available in the Resource and Form Library at www.gsofct.org).*

	Medication	Quantity Sent	Dosage	Frequency	Special Instructions (i.e. given with food)	Possible Side Effects	Storage Requirements
1							
2							
3							
4							
5							

GSOFCT requires that any over-the-counter or prescribed medications should be in the original container and **<u>administered by the girl</u>** in the prescribed dosage in the presence of the responsible adult as per written instruction by custodial parent, guardian, or physician. In some instances, there may be a need to have a certified First Aider administer medication.

GSOFCT's adult members are **not permitted** to administer medication. This **includes** the administration of an Epi-Pen (epinephrine).

If a circumstance arises that causes my Girl Scout to be **<u>unable to self-administer</u>** needed non-prescription medication, I give permission for the certified First Aider to administer the listed non-prescription medication as instructed above.

Signature of Parent/Guardian: _____ *Date* _____
(Original signature required)