



Consent to Administer Medication to a Minor

Girl Scouts Heart of Central California | 6601 Elvas Avenue Sacramento, CA 95819 | www.girlscoutshcc.org

(overnight activities)

Form to be used
one (1) time only

Name of minor _____ Date(s) of event _____
Name of event _____

Prescription Medications

1. Each medication must be in its original pharmacy container and will be administered in accordance with the pharmacy label as prescribed.
2. Please use the attached page to authorize each prescription.

Non-Prescription Medications

Minors are not permitted to bring medications to Girl Scout activities. Consent must be provided by the parent or guardian in order for Girl Scout personnel to administer non-prescription medications. Please initial the following medications you authorize to be administered to your child as necessary.

_____ Pain reliever (Tylenol®, Advil®, acetaminophen, ibuprofen)

_____ Allergy and itch relief (Diphenhydramine: Benadryl®, Caladryl®, and Cortizone®)

_____ Stomach remedies (antacids)

Are there any over the counter medications or first aid remedies that your child is allergic to or that you **do not** wish to be administered? Yes No

If yes, please explain

Sunscreen and Insect Repellent

Minors may bring their own insect repellent (containing 15% DEET or less) and sunscreen. Please indicate if you **DO NOT** give us permission to administer these items to your child.

Do not administer:

The information provided in conjunction with this form is correct to the best of my knowledge. I authorize Girl Scouts to administer the prescription and non-prescription drugs noted herein. I acknowledge that in the event of an emergency, the use of some medication not previously approved may be necessary. In these circumstances, I authorize Girl Scouts to administer medication without prior approval. I agree to inform a troop or activity leader of any changes in the above information. For example, if a Girl Scout later develops an allergy or contagious disease or is no longer allowed to participate in a particular activity, the parent or individual must inform the troop or activity leader to ensure the safety of both the individual and those around her.

_____ Date _____ Signature

