

Troop/Program Medication Form

Dear Parents,

If your child must take prescription medication or non-prescription medicine while at a Girl Scout Activity, please complete this form.

- Written permission must be given and signed by the parent or guardian.
- All medication will be kept by the troop leader or program leader.
- **Medications must be in original labeled container with complete instructions.**
- Label all non-prescription medication with your child's name.

I give permission for my child, _____, to receive the following medications or non-prescription medicines while participating in a Girl Scout Activity.

Medication Name	Reason	Dosage	Times to be Taken
1.			
2.			
3.			
4.			
5.			
6.			

Signature of Parent or Guardian

Date

*******ALL MEDICATION MUST BE IN ORIGINAL CONTAINERS*******