

Parent/guardian: This form must be completed and submitted to your Girl Scout’s troop/group first aider or leader in advance of when medication needs to be administered to your Girl Scout. With the exceptions of EpiPens, inhalers, and diabetes medications which may be carried by the Girl Scout, all other medications must be kept in the possession of an adult first aider or troop/group leader.

All medication – prescription and parent/guardian provided – must be in its original container with original label, dosage information and expiration date. Prescription labels must include the Girl Scout’s name and physician name/phone number. Medications must be provided in a clear resealable bag with your Girl Scout’s name. When providing medication, the parent/caregiver must give the details of any medication(s) administered to the Girl Scout earlier in the day (including medication type, dose, and last administered time).

At their discretion, the troop/group first aider or leader may decline your request to administer medication(s) to your Girl Scout. If this is the case, the parent/guardian may be asked to attend the troop/group activity to take the responsibility of administering the required medication(s).

Girl Scout Name	Troop #
Date(s) medication to be administered	

Girl Scout Use of EpiPen, Inhaler and/or Diabetes Medication(s)

Medication	Needed by Girl Scout		Carried by Girl Scout?		Administered by Girl Scout?	
EpiPen	Yes	No	Yes	No	Yes	No
Inhaler	Yes	No	Yes	No	Yes	No
Diabetes medication(s)	Yes	No	Yes	No	Yes	No

If Girl Scout cannot self-administer, do you authorize the troop/group first aider or leader to administer the medication(s) indicated above? For EpiPen, first aider or leader may assist Girl Scout in administering.

Yes No If No, please make arrangements for a caregivers to be present to administer medication(s).

Special instructions:

My Girl Scout is currently taking the following medication(s) and will need to use them while in your care.

Medication Name	Dose	Frequency	Time Administered/Taken

Special instructions:

HEALTH INFORMATION PRIVACY STATEMENT

This Girl Scout Health Medication Authorization may be used solely for the benefit of the Girl Scout participant, to provide adequate participant safety and healthcare. Access to this information will be limited, but copies may be requested from the event sponsor by the participant or their legal representative. The troop/group first aider or leader shall retain this form for their records for one year. After one year, the troop/group first aider or leader shall either destroy this form or return to the Girl Scout’s parent/guardian for their records.

MEDICAL RELEASE AND WAIVER

	The above medication details and instructions are accurate and complete to the best of my knowledge.
	I authorize my Girl Scout’s troop/group first aider or leader to administer and store the provided medications per the provided dosage information and special instructions provided above.
	I give permission for GSHNJ staff or volunteers to release this information to emergency responders, hospital personnel, pharmacy staff, etc. I understand that every effort will be made to contact me prior to admission.

In witness whereof, this release and waiver has been carefully read and the contents of this document are understood by the undersigned. This release and waiver shall be effective for date(s) indicated above. The undersigned freely executes this release and waiver on the date shown below.

Parent/Guardian Name:	
Parent/Guardian Signature:	
Parent/Guardian Phone:	
Parent/Guardian Email:	
Date (mm/dd/yyyy):	