



Worcester Leadership Center:
115 Century Drive, Worcester, MA 01606

Holyoke Leadership Center:
301 Kelly Way, Holyoke, MA 01040-9683
Fax 413-536-1383

Permission to Administer Medication

Troop #: _____ Name of Girl Scout: _____ Birth date: _____

I give permission to the First-Aider or troop/group leader to administer the following medication to the above named child.

If sending more than five medications (prescribed or over the counter), please copy this form before listing. Please complete all information for each medication sent. **All medications need to be in original containers.** The First Aider will hold on to all medication with the exception of a rescue inhaler or Epi-pen.

	Name of Medication	Quantity Sent	Dosage	Frequency	Special Instructions (i.e. give with food)	Storage Requirements
#1						
#2						
#3						
#4						
#5						

Remarks: _____

Signature of Parent/Guardian: _____ Date: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____