

MEDICATION RELEASE

ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER

Girl's Name: _____

Name of Medication: _____

Purpose of Medication: _____

Directions for Administering: _____

I HEREBY GIVE PERMISSION FOR AN ADULT IN LEADERSHIP CAPACITY OR A FIRST AIDER TO ADMINISTER THIS MEDICATION ACCORDING TO THE ABOVE DIRECTIONS. NO MEDICATION WILL BE ADMINISTERED WITHOUT SPECIFIC INSTRUCTIONS FROM A PARENT OR GUARDIAN.

Please acknowledge you have discussed medication administrations.

Parent/Guardian: _____ Date: _____

Day Phone: _____ Evening Phone: _____

Troop Leader: _____ Date: _____

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