

MEDICATION AUTHORIZATION FORM

To Parent(s)/Guardian(s):

If your daughter takes any medication regularly, or has allergies for which you are sending medication, this **Medication Authorization Form** must be completed and signed by you.

Both the signed form and the medication must be given to the **First Aider or Leader** accompanying the troop by the parent/guardian before leaving for camp/trip.

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Please Print:

Name of Parent(s)/Guardian(s): _____

Girl's Name: _____ Troop#: _____ Level: _____

Address: _____

City _____ State: NY Zip Code: _____

Phone number(s) where you can be reached over the weekend, including area code:

() _____ () _____

Name of Medication: _____

Dosage (please be specific): _____

Allergies of which leader should be aware: _____

I give my permission for the authorized adult to administer the above medication to my daughter as specified.

Signature of Parent(s)/Guardian(s)

Date