girl scouts of southwest indiana

Medication Administration & Emergency Treatment Release

Form is to be completed by the parent or guardian.
Form and medication are given to the group/troop leader or event first aider.

Girl's Name _____ **Age** _____

Parent/Guardian Name _____

Medical Condition _____ **Family physician** _____

Hospital preference _____ **List any limitations child has** _____

Dear Parent(s)/Guardian(s):
Indiana State law requires the observation of certain regulations when administering medication to children and adolescents. The following procedures **must** be followed:

1. Over-the-counter medication requires written permission from parent or guardian, stating the name of medication, amount of medication, the hours for administration, and the period of time medication is to be continued. It must be sent in the original container labeled with the girl's name. Permission note must contain parent(s)/ legal guardian(s) signature.
2. Prescription medication must be in the original container. The label will meet the requirement for physician(s) written order; however, the parent must complete and sign the *Medication Administration & Emergency Treatment Release.*
3. The parent/guardian shall accept the legal responsibility for the safe arrival of his/her child(s) medication to and from the activity.
4. The Certified First Aider may return unused medication with the adult taking the child home.

Medication	Prescription Number	Doctor Prescribing	Dosage	Time to Administer	Possible Reactions

I hereby authorize Girl Scouts of Southwest Indiana (GSSI), Troop/Group Lead Volunteer, and/or Troop/Group event first aider to administer medication to my child, as stated above.

I understand that in case of any medical emergency every effort will be made to contact me. If this is impossible, I authorize GSSI, Lead Volunteer, and/or event first aider to contact my child's physician and to secure emergency medical treatment.

_____ _____/_____/_____ _____
Parent/Guardian Signature Date Phone