



MEDICATION AUTHORIZATION FORM

To Parent(s)/Guardian(s):

- If your daughter takes any medication regularly, or has allergies for which you are sending medication, you must complete a **Medication Authorization Form**.
- Both the signed form and the medication (whether or not your daughter is currently taking it) must be given to the first aider or leader, **in the original casing**, before leaving for troop meeting or camp /trip.

Please Print:

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

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

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Tel/Cell Phone number(s) where you can be reached:

Tel: () _____ **Cell:** () _____

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

I give my daughter permission to self administer the above medication as specified.

Signature of Parent(s)/Guardian(s)

Date