Girl Scouts, Hornets' Nest Council
7007 Idlewild Rd, Charlotte, NC 28212
704-731-6500, 800-868-0528, www.hngirlscouts.org

Consent to Administer Medication to a Minor

Name of minor _____

Prescription and over the counter medications

1. All medications, except where noted, will be turned in to, and kept by, the troop's leader/first aider.
2. Each prescription medication must be in its original pharmacy container with the girl's name clearly printed on the label. The medication will be administered in accordance with the pharmacy's label as prescribed.
3. Each over the counter medication must be in its original store bought container and will be administered in accordance with package directions unless accompanied by a physician's note.
4. Girls may keep over the counter insect repellant, sunscreen, and anti-itch lotion/ointment that they bring in their possession, but it must be listed on the back of this form. Girls are to be reminded that they are not to share their over the counter medications with anyone else.
5. Please use the form on the back of this page to authorize each medication.

Permissions to use and carry self-administered emergency medication

I confirm that my child has the knowledge and the skills to safely have readily available (carry or possess outside of the regular supervision of the troop leader/first aider) and self-administer the indicated emergency medication as medically necessary at Girl Scout activities. They need to notify the troop leader/first aider if they have to use their medication. Please circle all that apply.

a. Asthma inhaler
b. Epinephrine Pen
c. Other (please list)_____

_____ _____
Parent or Guardian Signature Date

Non-Prescription Medications (Troop first aider may choose to keep none, some, or all of the listed OTC medications with them during GS activities)

I give my permission to the troop leader/first aider to administer the following over the counter medications to my daughter in the event of an accident or illness and I am unable to be contacted. I understand that every effort will be made to contact the emergency numbers provided on the troop history and/or activity permission forms prior to administering medications.

☐ I DO NOT WANT ANY OVER THE COUNTER MEDICATION ADMINISTERED TO MY CHILD.

Please initial the following medications you authorize to be administered to your child as necessary.

_____ Acetaminophen/Tylenol®--Pain reliever/fever reducer

_____Ibuprofen/Advil®--Pain reliever/fever reducer/anti-inflammatory

_____Cough drops or throat lozenges—cough/throat irritation

_____Tums—upset stomach

_____Antihistamine/Benadryl®-allergic reaction

_____Topical antibacterial ointment/Neosporin®--cuts and scrapes

_____.5-1% hydrocortisone cream/Cortaid®-skin irritation, rash

_____Anesthetic products containing benzocaine or lidocaine-reduce mild burn and sting pain

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Medication Authorization

Permissions to use sunscreen and bug spray (without verbal consent.) Please check all that apply

- ☐ I give permission for my daughter to use sunscreen provided by her troop leader/first aider.
- ☐ I do not give permission for my daughter to use sunscreen provided by her troop leader/first aider.
- ☐ I give permission for my daughter to use bug spray provided by her troop leader/first aider.
- ☐ I do not give permission for my daughter to use bug spray provided by her troop leader/first aider.

Note: If a Girl Scout does not have her own sunscreen or have parent permission to use the troop leader/first aider provided sunscreen, she may not be allowed to participate in outside activities.

Prescription/ OTC Name	Prescribing Physician	Physician's Phone Number	Dosage	Time of Administration	Side Effects

I have read and understand the above guidelines regarding the dispensing of medications to my child. The information provided in conjunction with this form is correct to the best of my knowledge. I understand I am responsible for assuring that all medications I give to the volunteer are not expired. I further understand that the troop leader/first aider helping me in this regard is not required to undertake this responsibility. I authorize the troop leader/first aider to administer the prescription and non-prescription drugs noted herein.

_____ _____

Parent or Guardian Signature Date