girl scouts san diego

Permission to Give Over-the-Counter Medications

If it should become necessary, I hereby give permission to the event First Aider(s) to administer the following non-prescription medications to _____.

Tylenol	Yes _____	No _____	Other: _____
Tums	Yes _____	No _____	Other: _____
Sudafed	Yes _____	No _____	Other: _____
Benadryl	Yes _____	No _____	Other: _____
or Chlorinephrine for allergies	Yes _____	No _____	Other: _____
Ibuprophen (Advil or Nuprin)	Yes _____	No _____	Other: _____
Neosporin or Mycitracin for abrasions	Yes _____	No _____	Other: _____
Dramamine (for motion sickness)	Yes _____	No _____	Other: _____
or others (please list):	_____	_____	_____

She will be bringing the following medications with her:	
Medication:	Instructions for use:

Signature _____ Date _____
Parent/Guardian

Home Phone (_____)_____ Work Phone (_____)_____

SS:mlm
PGO-0027 3/21/12