

**Administering Medications to a Minor
PARENTAL PERMISSION FORM**

I am the parent/legal guardian of _____, a registered Girl Scout who has a medical condition that requires that she take medication. Because I will be unable to be with the troop at the time she needs to take the medication, I give _____ [name of troop leader or authorized volunteer] permission to administer the following medication to my daughter or legal ward according to the following instructions of her medical provider:

Medical Condition	Name of Medication	Dosage	When and how often dose is administered	Special Storage Requirements (i.e. refrigeration, etc.)

I have completed and attached the *Girl or Adult Health History Form* for the Girl Scout named above, and I have also attached the *Written Authorization and Instruction from Medical Provider In Regard to Administering Medications*, which confirms the instructions above regarding the administration of the medication. I understand I am responsible for assuring that all medications I give to the volunteer are current (not beyond expiration date). I further understand that the troop leader or volunteer helping me in this regard is not required to undertake this responsibility, and that he or she may discontinue doing so upon giving notice to the Girl Scouts of Western Washington and me.

Signature of Parent/Legal Guardian
Address ✓

Printed name of Parent/Legal Guardian

Date

Email Address

Phone Number

