

GIRL SCOUTS OF MICHIGAN TRAILS OVER-THE-COUNTER MEDICATION PERMISSION

PARENTS: Please indicate below which over-the-counter medications and preparations may be dispensed to your daughter on an as needed basis while she is on her trip. **Please return this completed form to the Troop Leader.**

Full Name (please print): _____

Medication/Preparation	Please initial here for each medication/ preparation we may administer.	Notes:
Acetaminophen (Tylenol)	_____	_____
Ibuprofen	_____	_____
Calamine/Caladryl lotion	_____	_____
Hydrocortisone ointment	_____	_____
Skin Cleansing Agent	_____	_____
Topical (skin) antibiotic	_____	_____
Eye/ear irrigation solution	_____	_____
Cough/cold/allergy medication	_____	_____
Cough drops/throat lozenges	_____	_____
Benadryl	_____	_____
Ice and warm packs	_____	_____
Sunburn preparation/Aloe lotion	_____	_____
Indigestion/diarrhea medication	_____	_____
Earache Medication	_____	_____
Sore throat medication	_____	_____
Toothache medication	_____	_____

Signature of Parent/Guardian _____ Date _____

Daytime Phone _____ Evening Phone _____

MEDICATION LOG

List your daughter's/ward's medication: Please list the name of the medication and time(s) that your daughter/ward takes her medication.

All prescription medications brought on the trip, must be in their original container, bearing the pharmacy label, showing the prescription number, date filled, physician's name, name of medication, directions for use and patient name. Any over-the-counter medication, cough syrup, vitamins, herbs, etc should be in its original container clearly marked with your daughter's name. We cannot accept medication NOT in its original container.

Medication	Breakfast	Lunch	Dinner	Night	Other
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____