girl scouts of new mexico trails

Authorization to Administer Medications at Camp

Please completely fill out this form. If the staff/camper is under 18 years old, this form must be filled out by a parent/guardian. Completion of this form authorizes trained Girl Scout staff and volunteers to administer any and all of the medications listed; at camp this is person is the Health Supervisor or other designated First Aider when the Health Supervisor is off camp.

List below the medications that were noted on your health form that you take on a routine basis (daily, weekly, monthly, as needed); this includes both prescription and non-prescription drugs *that you're bringing to camp with you.* All vitamins, tonics, and tinctures must also be noted. **All medications must be in the original container with the person's legal name and manufacturer label on it.** Medications presented in a weekly pill container, baggie, etc will not be accepted. You will pass along all medications, vitamins, etc during Check In.

Camper Full Legal Name: _____ Which Property: ☐ Rancho ☐ Baker ☐ Abq Day Camp

Medication Name & Reasons for Taking	**Dosage** (mg, tab, tsp, puff, etc.)	**Time to be administered** (breakfast, evening, bedtime, etc)	**How to administer** (oral, nasal, w/ food, etc)	**Day(s) of the week** (circle)	**Prescribed or Non-Prescribed** (circle)	**Health Supervisor Notes**
				U M T W R F S	Prescribed Non-Prescribed	
				U M T W R F S	Prescribed Non-Prescribed	
				U M T W R F S	Prescribed Non-Prescribed	
				U M T W R F S	Prescribed Non-Prescribed	
Additional Information or special instructions:						

I authorize the administration of the above medication(s) for myself or my child by the staff and volunteers of the Girl Scouts of NM Trails.

_____

Printed Name | Signature | Date Completed | Relationship to child (if applicable)