



Medication Authorization

(Use this form if submitting medication for camp)

Girl Scouts of Greater Los Angeles
4040 Bellflower Boulevard
Long Beach, CA 90808
(626) 677-2279
Echadwick@girlscoutsla.org

Medication

- ❖ All medication, including over the counter and prescription medication must be submitted at check-in on the date of departure, along with this form in a **clear plastic zip-loc bag**.
- ❖ All medications must be in the **original pharmacy container** with patient's name, drug and dosage clearly marked including any over the counter medications.
- ❖ Please make a note if camper, or the immediate supervising adult, needs to carry and administer the medication, such as inhalers or Epi-pens.

Camper Name _____

Name of Parent/Guardian _____

Phone: Home _____ **Work** _____ **Cell** _____

Doctor's Name _____ **Phone** _____

Allergies _____

Medication name _____
Reason for medication _____
Dosage _____
Time (please circle): Breakfast Lunch Dinner Bedtime As needed Other _____
Reactions or side effects _____
Other information _____

Medication name _____
Reason for medication _____
Dosage _____
Time (please circle): Breakfast Lunch Dinner Bedtime As needed Other _____
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Reason for medication _____
Dosage _____
Time (please circle): Breakfast Lunch Dinner Bedtime As needed Other _____
Reactions or side effects _____
Other information _____

I authorize Girl Scouts of Greater Los Angeles Staff Contact for Island of the Blue Dolphin Campout to administer the above listed medications to my child or ward during her participation.

Signature of Parent/Guardian

Date

NO MEDICATION WILL BE DISPENSED WITHOUT PARENT/GUARDIAN SIGNATURE