

GSCB Medical Form

This form is to be completed by a caregiver for Girl Scouts to attend overnight, national, and international trips if they are not accompanied by their parent or caregiver.

Please note: In the state of Maryland, it is required that a physician sign this form stating the participant can be given the following over the counter medications. If you are in a troop based in Maryland, please have a physician sign this form.

Medications

The following non-prescription medications may be carried by GSCB Staff or Volunteer and may be administered on an as-needed basis to manage illness or injury. Please indicate if they may be given or not.

Medication / suggested brand name (may be substituted)	May be given? Yes or No
Acetaminophen (Tylenol)	
Phenylephrine decongestant (Sudafed PE)	
Antihistamine/ allergy medicine	
Diphenhydramine antihistamine/ allergy medicine (Benadryl)	
Sore Throat Spray	
Lice Shampoo or Cream (Nix or Elimite)	
Calamine Lotion	
Laxatives for constipation (Ex-Lax)	
Ibuprofen (Advil, Motrin)	
Pseudoephedrine decongestant (Sudafed)	
Guaifenesin cough syrup (Robitussin)	
Dextromethorphan Cough Syrup (Robitussin DM)	
Generic cough drops	
Antibiotic Cream	
Aloe	
Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)	

Physician Name: _____

Physician Signature _____

Date: _____

Medication is any substance a person takes to maintain/ or improve their health. This includes vitamins and natural remedies. When traveling internationally, please review the country's travel instructions about required packaging/ containers. All prescription medication must be in its original container with its original label, dosage information, and expiration date. Prescription labels must include the participant's name and physician's name/phone number.

Medication(s) must be provided in a clear resealable bag. Participants should have enough medication to last the entire time they will be traveling. At their discretion, the GSCB staff or volunteers may decline your request to administer medications to your Girl Scout. If this is the case, the parent/guardian may be asked to attend the troop/group activity to take responsibility of administering the required medication(s).

EpiPens, inhalers, and insulin may be carried by the Girl Scout. All other medications must be kept in the possession of an adult. If you require that a volunteer administer medication(s) (except for injections) to you or your Girl Scout during troop activities or in case of an emergency, you must fill out the following information. If a participant cannot self-administer, the caregiver must be present to administer them.

List of prescription Medications:

Name of Medication	Date started	Reason for taking it	When it is given	Amount/dose	How it is given

Participant Use of EpiPen, Inhaler, or Diabetes Medication(s)

Medication	Needed by participant? (Y/N)	Carried by participant (Y/N)	Administered by participant? (Y/N)
EpiPen			
Inhaler			
Diabetes Medications (non-injections)			
Other			
Please provide any additional Special Instructions:			

Please initial next to each statement	
	The above medication details and instructions are accurate and complete to the best of my knowledge.
	I authorize GSCB staff or volunteers to administer and store the provided medications per the provided dosage information and special instructions provided above.

Parent/guardian name: _____

Parent/guardian signature: _____

Date: _____