



Troop Trip Treatment Permission Form

This form allows the Girl Scout Troop First Aider to provide the following treatment without prior notification to a girl's parents/guardians. Please provide your permission by initialing each treatment the Girl Scout Troop First Aider may administer.

Girl's Full Name: _____

Treatments to be administered by the Girl Scout Troop First Aider due to a first aid/health situation:

- _____ Acetaminophen
- _____ Ibuprofen
- _____ Benadryl
- _____ Band-Aid
- _____ Calamine/Caladryl lotion
- _____ Eye/ear irrigation solution
- _____ Hydrocortisone lotion
- _____ Ice/Warm packs
- _____ Skin cleansing agent
- _____ Topical (skin) antibiotic
- _____ Application of insect repellent, only if provided by parent/guardian.
- _____ Application of sunscreen, only if provided by parent/guardian.
- _____ Administration of prescription medication, only if provided by parent/guardian in original container and with specific instructions for administration provided by parent/guardian.

My Girl Scout needs the following prescription medication(s), include administration instructions:

1. _____
2. _____
3. _____
4. _____

All treatments must be documented on the Medication/Treatment Log.

I give my permission for the above treatments as initialed above.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

Medication/Treatment Log

Girl's Full Name: _____

The following medications/treatments were administered to the above named child during the trip with Troop _____ of Girl Scouts of Michigan Shore to Shore on _____ (date) NOTE: none if blank.

Medication/Treatment	Signature of person providing treatment	Date and Time
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____