Activity Girl Scout Permission Form

Each girl must have written permission from their parent/guardian(s) for every activity that is held at a different time or place from a regular meeting (except for Neighborhood Trips as noted on the Annual Girl Permission Form). If the activity listed on this form meets GSEMA criteria for high risk or money-earning activities (listed in Volunteer Essentials, Safety), the troop/group should also complete a Girl Scout Activity Form.

GSEMA volunteers should complete this form and keep the signed bottom half with parent/guardian approval.

Activity: _____

Activity Location: _____

Date: ___/___/_____ Start Time:___:___AM / PM End Time: ___:___AM / PM

This activity will include the following: _____

_____

_____

Transportation to this event will be provided by: ❑ Individual Families ❑ GSEMA Volunteers

Transportation Meeting Location: _____ at ___:___AM / PM

✂ *Cut here and return bottom portion to GSEMA volunteer(s).*

Activity: _____ Date: _____

This activity will include the following: _____

_____

_____

_____ (Girl Scout's Name) of _____ (Troop/Group#) has my permission to attend and participate in the activity listed above on the specified date. If my Girl Scout is ill on this day I will notify the troop/group volunteers and keep her home.

If I need to be contacted during this event, I may be reached at the following phone number: _____

In the event I cannot be reached, please contact the following person(s):

Emergency Contact #1:_____ Phone #: _____

Emergency Contact #2:_____ Phone #: _____

Parent/Guardian signature: _____ Date: _____

girl scouts of eastern massachusetts

Permission to Administer Medication

I hereby give permission for the Group First Aider _____ to administer to
(first aider's name)
_____ medications listed on this and any attached pages in accordance
(child's name)
with Massachusetts State Regulation 105 CMR 430.160. Standards for Recreational Camps for Children:

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for girls shall be kept in the original container containing the original label, which include the directions for use. Please mark all medications with child's name. Medications sent in improperly will not be given.

When no longer needed, medications will be returned to a parent/guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

The Group First Aider has permission to administer the following over the counter medications (Note: Aspirin will not be given to any child.) to my child as deemed necessary (please check all that apply):

☐	Tylenol (Acetaminophen)
☐	Motrin (Ibuprofen)
☐	Antihistamine (Benadryl tablet, liquid)
☐	Anti-Itch Antihistamine (Benadryl cream)
☐	Allergy Relief (Loratadine - Claritin)
☐	Motion Sickness (Dramamine, Bonine)

☐	Antacids (Tums, Mylanta)
☐	Cough Drops
☐	Cough Syrup (Robitussin)
☐	Anti-Diarrheal (Imodium, Kaopectate)
☐	Insect Repellant (with or without DEET)
☐	Sun Screen

For prescription Epi-pen® or inhaler (circle one): My child is is not capable of self-medicating; my child is allowed to carry these devices with her at all times and to use them if so required. Any Girl Scout coming to Encampment with a prescription Epipen® or inhaler, must bring two of either, one for the First Aider and one to keep with them.

THE FOLLOWING MEDICATION IS/ARE TO BE GIVEN TO _____ DURING OVERNIGHT.
(child's name)

If you are sending more than three medications, either prescribed or over the counter, please copy this page before listing. Please complete all information for each medication sent.

	Name of Medication	Quantity Sent	Dosage	Frequency	Special Instructions (i.e. given with food)	Storage Requirements
1						
2						
3						

Signature of Parent/Guardian: _____
Date ____/ _____/ _____

girl scouts of eastern massachusetts