



Medication Release

Girl's Name: _____ Name of Medication: _____

Purpose of Medication: _____

Medication Usage Instructions: _____

Please Note: All Medications must be in the original container.

I hereby give permission for an adult volunteer or staff member to administer this medication according to the above directions. No medication will be administered without specific instructions from a caregiver.

Caregiver: _____ Date: _____

Day Phone: _____ Evening Phone: _____

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