



## 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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