

PERMISSION TO ADMINISTER MEDICATION

I, _____, the Parent give
_____, a leader of Troop 348
my permission to give my child, _____ the
following medication(s) at the specified times:

Medication: _____ Dosage: _____

To be given at 1) _____ a.m./p.m. Administered _____ (Leader's Initials)

2) _____ a.m./p.m. Administered _____ (Leader's Initials)

Medication: _____ Dosage: _____

To be given at: 1) _____ a.m./ p.m. Administered _____ (Leader's Initials)

2) _____ a.m./ p.m. Administered _____ (Leader's Initials)

Medication: _____ Dosage: _____

To be given at: 1) _____ a.m./p.m. Administered _____ (Leader's Initials)

2) _____ a.m./p.m. Administered _____ (Leader's Initials)

Medication: _____ Dosage: _____

To be given at 1) _____ a.m./p.m. Administered _____ (Leader's Initials)

2) _____ a.m./p.m. Administered _____ (Leader's Initials)

Medication: _____ Dosage: _____

To be given at 1) _____ a.m./p.m. Administered _____ (Leader's Initials)

2) _____ a.m./p.m. Administered _____ (Leader's Initials)

This permission form is effective from _____ (date) to
_____ (date).

Parent's Name (Print)

Parent's Signature