Girl Scouts, San Diego-Imperial Council, Inc.

LocalOPs Medical Card

Participant=s Name: _____

Permission to Administer Over the Counter Medications

If it is deemed necessary, I give permission to the event staff to administer the following non-prescription medications following the direction on the container to my daughter.

Tylenol	Yes _____	No _____	Other _____
Maalox	Yes _____	No _____	Other _____
Sudafed	Yes _____	No _____	Other _____
Pepto Bismol	Yes _____	No _____	Other _____
Benadryl or Chlorinephrine (For allergies)	Yes _____	No _____	Other _____
Ibuprofen (Advil)	Yes _____	No _____	Other _____
Neosporin or Mycitracin (for abrasions)	Yes _____	No _____	Other _____
Dramamine (for motion sickness)	Yes _____	No _____	Other _____

Other (list) _____

Prescription Medication

Medicine _____

Doctor=s written orders can be found
( ) on the container ( ) stapled to this card

Signature _____ Date _____
Parent/Guardian

Signature _____ Date _____
Parent/Guardian

VR:etl
PG-1105-. 1/22/04*

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