Pathfinder Medication Administration Permission

I, the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give the Hinsdale Trailblazers Pathfinder Club permission to administer the following medications to my child. I understand that these will be administered by an adult with appropriate qualifications or licensure to do so. I will provide labeled prescription medications which will be properly secured.

**Prescription medications**:

Drug name \_\_\_\_\_\_\_Dose \_\_\_\_\_\_\_\_Scheduled time of administration

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child may keep the following medications with him/her\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Over the Counter Medications:**

I give my permission for a qualified adult to administer the following over the counter medications to my child as needed for minor discomforts and injuries at the recommended dose. Any medications that my child is not allowed to take/use I have crossed out and initialed.

Aspirin Tylenol Ibuprofen Aleve

Benadryl Zyrtec Claritin Tums

Hydrocortisone 1% cream Triple antibiotic ointment

Bactine Poison Ivy remedy Burn cream

Parent/guardian signature Date