|  |
| --- |
| **Guiders – Keep this form and submit as part of the** [**Safe Guide Retention Package**](https://mz.girlguides.ca/web/MZ/Guider_Resources/Safe_Guide_SubPages/SGPC_Form.aspx)**.** |

|  |  |
| --- | --- |
| Location/dates of activity/event/camp:  | Participant’s name:  |

1. The information on this form may be used by GGC representatives or medical personnel to administer or authorize appropriate health care or medical attention for the participant, if needed.
2. **PARENTS**: All medications should be placed in a resealable bag (e.g., Ziploc) with the participant’s name on the outside of the bag.
3. Medications **must be** 1) in original packaging, 2) clearly labelled with the participant’s name and 3) dosage instructions. Medications are to be self-administered by the participant except in cases where supervisors may need to assist younger girls or when an Epi-pen needs to be used. Medications are to be given to the first aider or designated Guider upon arrival at the activity. The first aider or Guider will supervise participants when they are taking their medication.

|  |
| --- |
| My daughter/ward is 12 years or older and has my permission to carry her own medications.  |
|  Custodial Parent/guardian name |  Signature |  Date |

|  |
| --- |
| **Medication Column** **–** Write in all medications (including those taken only as needed, sometime noted on prescriptions as PRN), dosage & times when medications are to be self-administered. This includes all prescription or over-the-counter medications (oral or topical). To be completed by parent/guardian or Girl Guides of Canada representative.**Date Box** **–** Write in the date of each day of the activity/camp across the top. When medication is taken, supervisors put the actual time it was taken in the appropriate columns and their initials. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication(name, dosage & instructions) | Scheduled times to be taken: | Date: | Date: | Date: | Date: | Date: | Date: | Date: |
| Actual Time | Initials | Actual Time | Initials | Actual Time | Initials | Actual Time | Initials | Actual Time | Initials | Actual Time | Initials | Actual Time | Initials |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Name of Guider supervising medications:  | Signature:  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication(name, dosage & instructions) | Scheduled times to be taken: | Date: | Date: | Date: | Date: | Date: | Date: | Date: |
| Actual Time | Initials | Actual Time | Initials | Actual Time | Initials | Actual Time | Initials | Actual Time | Initials | Actual Time | Initials | Actual Time | Initials |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **About Medications**All medication must be provided by participants. Medications are to be given to the first aider or designated Guider upon arrival at the activity.  |
| Over-the-counter medication must:1. Be in original packaging
2. Not be expired
3. Labeled with:
	1. The girl’s name
	2. The dosage
	3. The route of administration (taken orally, by injection, etc.) and,
	4. The frequency with which the medication should be administered.
 | Prescription medications must: 1. Be labelled with the original pharmacy label on the bottle/box
2. Not be expired
3. Labeled with:
	1. The girl’s name
	2. Name of the medication
	3. The dosage
	4. The route of administration and,
	5. The frequency with which the medication should be administered.
 |
| **All medications must be self-administered by the participant.** However, adult supervisors must be prepared to help younger girls with self-administration of medication. This could include opening a medication container, ensuring medications are taken on time, etc. In the case of life-threatening conditions, supervisors are obligated to provide the girls they supervise the ‘standard of care’ of a careful or prudent parent adults and will need to assist in the use of an Epi-Pen, epinephrine autoinjector or inhaler, or by administering epinephrine using an Epi-Pen, epinephrine autoinjector.Food Allergy Canada (previously Anaphylaxis Canada) has information on living with anaphylaxis at [www.foodallergycanada.ca](http://www.foodallergycanada.ca). Please note that only cannabis or cannabis derived products that are medically prescribed to the girl will be allowed and/or administered during activities/events.See [Safe Guide](https://mbr.girlguides.ca/documents/mz/SafeGuide/SafeGuide.pdf) for more information about Girls taking Prescription Medication without their Parent/Guardian Consent. |