

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.

Participant's name: \_\_\_\_\_

The Medications Consent is used only for Red level activities/camps **more than four hours away from emergency medical assistance**. The Medications Consent form may also be used for international travel (72 hours or more) or large events (e.g., provincial, national or international camp).

**Information for Guiders:**

Medication is only offered to participants if it is absolutely necessary to continue the activity. Provide parent(s)/guardian(s) with the list of medications that will be in the first aid kit using the chart on the next page. You must include the brand name of the actual medication that you will be carrying. Parent(s)/guardian(s) are to place their initials by each medication to indicate that it may be given to their daughter/ward. This information must be carried along with the first aid provisions and consulted when medications are offered. The Medications Consent must be renewed before each applicable activity/camp. Consult with your local pharmacist for advice on directions for medications listed and brand selection.

**Information for Parents/Guardians:**

Guiders are not permitted to give any medication to your daughter without your permission. Due to the nature of the activity, for the benefit of the group they will be carrying the medications listed on this form. Please complete this form to grant us permission to administer medication should your daughter be unable to continue the activity without it. If your daughter/ward is known to have anaphylactic reactions, it is strongly recommended that she carry two EpiPens and that you discuss with the first aider the capacity of the group to safely manage her well-being and health in the environment she will be traveling through.

As parent/guardian to \_\_\_\_\_, I \_\_\_\_\_  
(name of participant) (name of parent/guardian)

hereby give permission to the first aider listed below to administer medication to my child/ward as outlined on the reverse.

Name of first aider:	Custodial Parent's/ guardian's signature:	Relationship:	Date:
Sharon Moores BNRN	_____	_____	_____

**Renewal:**

This form is valid for one year. It must be reviewed prior to all activities. If there are no changes, parents/guardians indicate renewal by signing below. If there are changes, please complete and submit a new H.7 form.

Name of first aider:	Custodial Parent's/ guardian's signature:	Relationship:	Date:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Participant's name: \_\_\_\_\_

## Medications

Note: Only the brands listed on this form may be used. Follow the dosage instructions on the packaging.

Medication	Brand in First Aid Kit (Brand name must be listed)	Use	Custodial Parent/guardians <u>initial</u> those medications that can be given to their daughter/ward.
Topical antibiotic ointment (e.g., Polysporin)	Equate	For abrasions or minor infection	
Aloe vera gel		For soothing skin irritation	
Hydrocortisone cream .5%	Equate	For soothing skin irritation, itching and swelling, if indicated	
Calcium carbonate (e.g., TUMS)	Equate	Antacid for stomach upset, indigestion, heartburn	
Loperamide (e.g., Immodium)		Anti-diarrheal	
Dimenhydrinate (e.g., Gravol)	Equate	Anti-nauseant for motion sickness and nausea	
Diphenhydramine (e.g., Benadryl)	Equate	Antihistamine for allergic reactions such as hives, redness and swelling	
Pseudoephedrine (e.g., Sudafed)		Decongestant for congestion due to cold or flu	
Cough drops		For cough and sore throat, as needed	
Acetaminophen (e.g., Tylenol, or Paracetamol)	Equate	Analgesic for pain and fever	
Ibuprofen (e.g., Advil - Not appropriate for some forms of asthma.)	Equate	Anti-inflammatory for pain and swelling.	

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