



GSH COUNCIL PROGRAM MEDICATION ADMINISTRATION RECORD

DATE(S)
GSH PROGRAM NAME
LOCATION

GSH Program Nurse/First Aider -FULL NAME/TROOP OR SU#	EMAIL	PHONE #

Instructions: This form is for all Prescription and OTC medication administration. Each time medication is administered it must be witnessed by a First Aider. For self-carry medications (Inhalers, EpiPens, or emergency medication) a Girl Scout Volunteer should monitor and report to the First Aider to check on the participant. All OTC administrations require a corresponding Incident Report Number for Non-Prescribed Medication Administration.

At the close of the event, submit this completed report to: customercare@gshawaii.org

[illegible]