



## Permission for Minors to Self-Administer Auto-Injectors or Inhalers

Girl Scouts of Citrus Council (GSC) welcomes program participants who carry prescription auto-injector devices (such as an Epi-Pen) or prescription inhalers. Minors are permitted to carry their own device and self-administer as necessary, with the permission of a parent or guardian and physician (see below). Trained staff or volunteers may assist if the child is not able to self-administer. GSC recommends that parents and guardians advise program staff as to their Girl Scouts specific needs, and provide a back-up device that can be carried by the adults in charge, in case of an emergency.

### Parent/Guardian Permission

The following statement is to be completed by the parent or guardian of the following minor program participant.

\_\_\_\_\_ has been trained in the use of an Auto-injector ☐ and/or a Rescue Inhaler ☐.

She is aware of the symptoms that necessitate its use. She will alert the adults in charge prior to, during, and/or immediately after the use of the device.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### Physician Approval

As the physician, I would recommend that the participant named above:

Carry the device on her person \_\_\_\_\_

Identify a supervising adult who can carry and administer the device, if needed \_\_\_\_\_

The Auto-Injector or Emergency Inhaler device is prescribed for treatment of the following condition/reaction:

Please describe symptoms indicating the use of the device:

The device will need to be administered within the first \_\_\_\_\_ (min./sec.) of the appearance of the above symptoms.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Area Code /Phone Number

Please include Physician's Stamp