Medication Permission Form

This permission form authorizes the application of non-prescribed medicines and medical products which may be purchased off the shelf, including but not limited to hand sanitizer, paracetamol, skin lotions or insect repellant provided by the Pathfinder Club. For prescribed medication a Prescribed Medication Authorization form must be completed.

Pathfinder Club:			
Name of Child:		**D.O.B:**	
Name of product:			
Directions of use: *(must comply with direction of use as per label)*			
Reason for use:			

Parent / Guardian Permission		
I will notify the Pathfinder Director immediately of any changes that may affect this permission		
Parent Name:		
Parent Signature:		Date: