

**VOLUNTEER CONFIRMATION OF RECEIPT OF
WRITTEN AUTHORIZATION & INSTRUCTIONS**

Administering Medications to a Minor

I, _____ [name of volunteer], have received, read and fully understand the Girl Scouts of Western Washington's (GSWW) Policy on Administering Medication to a Minor. Although I recognize that I am neither required nor encouraged by the GSWW to administer medications to Girl Scouts, I have chosen to administer medications to the following registered Girl Scout: _____ [name of Girl Scout]. In doing so, I understand the risk of legal liability, am willing to undertake that risk, and agree to follow all of the provisions set forth in the above-referenced Policy, including receiving training from a doctor, nurse or other medical provider, if necessary, to administer the medication.

I also confirm that I have received and reviewed the following written documents from the Girl Scout's parent or guardian and her medical provider, fully understand them, and will follow the instructions set forth by her medical provider:

1. Girl or Adult Health History Record;
2. Administering Medications to a Minor—Parental Permission Form; and,
3. Administering Medications to a Minor—Instructions from Medical Provider.

If I decide to change my decision to accept this responsibility, I will notify in writing both GSWW staff and the parent/legal guardian of the Girl Scout. (See address below.)

(Name)

(Date)

(Volunteer's Title)

Person to notify: Leah Iraheta, 601 Valley Street, Seattle, WA 98109. (Leahi@girlscoutsww.org.)