



Georgia 4-H Medicine Form

This form should accompany any medication to be given at an event.

Name of 4-H'er: \_\_\_\_\_

County: \_\_\_\_\_ Date(s): \_\_\_\_\_

Activity where medication may be administered:

\_\_\_\_\_

**Please list any medication(s) your child will be taking while at the above event. (Attach additional page if necessary).**

Name of Medication: \_\_\_\_\_

Illness/condition medication is being taken for: \_\_\_\_\_

Date(s) medication is to be given: \_\_\_\_\_ Time: \_\_\_\_\_

Describe what the medication looks like? \_\_\_\_\_

Describe dosage and special instructions: \_\_\_\_\_

My child will be taking the above noted prescription or over-the-counter medication that I am providing while they are involved in the above activity. I understand that any medications brought to a program must be in its original container, unexpired, and clearly labeled with the 4-H'er's name.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by administering leader**

Date	Time	Leader initials	4-H'er initials	Notes

**Georgia 4-H Medicine Form – Additional Page – Name of 4-H'er:** \_\_\_\_\_



Name of Medication: \_\_\_\_\_

Illness/condition medication is being taken for: \_\_\_\_\_

Date(s) medication is to be given: \_\_\_\_\_ Time: \_\_\_\_\_

Describe what the medication looks like? \_\_\_\_\_

Describe dosage and special instructions: \_\_\_\_\_

My child will be taking the above noted prescription or over-the-counter medication that I am providing while they are involved in the above activity. I understand that any medications brought to a program must be in its original container, unexpired, and clearly labeled with the 4-H'er's name.

**Parent/Guardian Signature:** \_\_\_\_\_

**To be completed by administering leader**

Date	Time	Leaders initials	4-H'ers initials	Notes

Name of Medication: \_\_\_\_\_

Illness/condition medication is being taken for: \_\_\_\_\_

Date(s) medication is to be given: \_\_\_\_\_ Time: \_\_\_\_\_

Describe what the medication looks like? \_\_\_\_\_

Describe dosage and special instructions: \_\_\_\_\_

My child will be taking the above noted prescription or over-the-counter medication that I am providing while they are involved in the above activity. I understand that any medications brought to a program must be in its original container, unexpired, and clearly labeled with the 4-H'er's name.

**Parent/Guardian Signature:** \_\_\_\_\_

**To be completed by administering leader**

Date	Time	Leader initials	4-H'er initials	Notes

