

	Date	Time	Leader initials	4-H'er initials	Notes
To be	completed by ad			4 TV on 2-242-1	Notes
Parent,	/Guardian Signat	ure:			Date:
are invo	olved in the above a	activity. I underst	_		that I am providing while they ogram must be in its original
Describ	e dosage and speci	ial instructions:			
Describ	e what the medica	tion looks like?			
Date(s) medication is to be given:					Гіте:
Illness/	condition medicat	ion is being taken	for:		
Name o	f Medication:				
<u>(Attac</u>	ch additional _l	page if necess	sary).		
	~			taking while at	the above event.
Activit	ty where medi	cation may be	administered:		
Count	v:		Date(s):		to be given at an event.
Name	of 4-H'er:				any medication

This form should accompany

Date	Time	Leader initials	4-H'er initials	Notes

Georgi	a 4-H Medicine	Form – Addit	ional Page - Name o	f 4-H'er:	<u> </u>
Name o	f Medication:				S (S)
Illness/	condition medica	tion is being tak	en for:		
Date(s)	medication is to b	e given:			Гіте:
Describ	e what the medica	ation looks like?			
are invo	olved in the above er, unexpired, and	activity. I unde l clearly labeled	<u> </u>	cions brought to a pro	that I am providing while they ogram must be in its original
To be	completed by ad				T., .
	Date	Time	Leaders initials	4-H'ers initials	Notes
Name o	f Medication:				
Illness/	condition medica	tion is being tak	en for:		
					Гіте:
		<u> </u>			
Describ	e what the medica	ation looks like?			
Describ	e dosage and spec	cial instructions:			
					that I am providing while they
			rstand that any medicat with the 4-H'er's name.		ogram must be in its original
			with the Titler Shame.		
To be	completed by ac	lministering le	ader		
	Date	Time	Leader initials	4-H'er initials	Notes