

O (0)	should accompany							
Name of 4-H'er:	any medication							
County:	J	Date(s):	to be given at an event.					
Activity where medic	cation 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	on is being taken	for:						
Date(s) medication is to be	Time:							
Describe what the medication looks like?								
Describe dosage and special instructions:								
	activity. I underst	and that any medicati		tion that I am providing while they a program must be in its original				
Parent/Guardian Signature:Date:								
To be completed by administering leader								
Date	Time	Leader initials	4-H'er initia	ls Notes				

This form

Georgi	a 4-H Medicine	Form - Addit	ional Page – Name o	f 4-H'er:	<u>@</u>				
Name o	f Medication:				⊘ (⊘				
Illness/	condition medica	tion is being take	en for:						
Date(s)	medication is to b		Cime:						
Describ	e what the medica	ation looks like?							
My chile are invo	d will be taking the blved in the above er, unexpired, and	e above noted practivity. I under	rescription or over-the-	counter medication t cions brought to a pro	that I am providing while they ogram must be in its original				
To be	To be completed by administering leader								
	Date	Time	Leaders initials	4-H'ers initials	Notes				
Name o	f Medication:								
Illness/	condition medica	tion is being take	en for:						
Date(s)	medication is to b	e given:			Cime:				
Describ	e what the medica	ation looks like?							
	-				that I am providing while they				
are invo	olved in the above	activity. I unde	rstand that any medicat	ions brought to a pro	ogram must be in its original				
			with the 4-H'er's name.						
To be	completed by ac	lministering lea	ader						
	Date	Time	Leader initials	4-H'er initials	Notes				