



Georgia 4-H Medicine Form



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



Name of 4-H'er: _____

County: Gilmer 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: K Date: X

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: **X** _____

To be completed by administering leader

Date	Time	Leader initials	4-H'er initials	Notes