	Page A of "A+B"						
Georgia 4-H Medicine Form Name of 4-H'er:	This form should accompany any medication to be given at an						
County: Date(s):	event.						
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:							
Describe what the medication looks like?	·						
Describe dosage and special instructions:	· · · · · · · · · · · · · · · · · · ·						
My child will be taking the above noted prescription or over-the-counter medical are involved in the above activity. I understand that any medications brought to container, unexpired, and clearly labeled with the 4-H'er's name.							

To be completed by administering leader

Parent/Guardian Signature:

Date	Time	Leader initials	4-H'er initials	Notes
	,		a)	2
				,
			,	



Page B of "A+B"

Georgi	ia 4-H Medicine	Form – Additi	ional Page – Name of	f 4-H'er:	<u></u>
Name o	of Medication:				V (0)
Illness/	condition medicati	ion is being take	en for:	· .	
Date(s)	medication is to be	e given:			Гіте:
Describ	e what the medicat	tion looks like?			
Describ	e dosage and speci	al instructions:			
are invo contain Parent	olved in the above a er, unexpired, and / Guardian Signat i	activity. I under clearly labeled v ure:	rstand that any medicat with the 4-H'er's name.	ions brought to a pro	that I am providing while they ogram must be in its original
To be	completed by add	ministering lea Time	der Leaders initials	4-H'ers initials	Notes
	Date	111116	Leauers mittais	4-11 CIS IIIIIIAIS	Notes
					· · · · · · · · · · · · · · · · · · ·
		+		3	
	· · · · · · · · · · · · · · · · · · ·				
		+			
		-			
		-			* % * * * * * * * * * * * * * * * * * *
Name o	f Medication:				
			en for:		
					Гіте:
			· .		
Describ	e dosage and speci	al instructions:			
					hat I am providing while they
				ions brought to a pro	ogram must be in its original
	er, unexpired, and (/Guardian Signat ı		with the 4-H'er's name.		
			_		
To be	completed by adr			4 IV an initials	NT -A -
	Date	Time	Leader initials	4-H'er initials	Notes
		-			
	,				
			*		,
					7