

V (G)	should accompany							
Name of 4-H'er:	any medication							
County:	I	Date(s):		to be given at an event.				
Activity where medic	ation 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:								
	ctivity. I understa	and that any medicat		tion that I am providing while they a program must be in its original				
Parent/Guardian Signature:Date:								
To be completed by adm	ninistering lead	er						
Date	Time	Leader initials	4-H'er initia	ls Notes				

This form

_			onal Page - Name o						
Name of	f Medication:								
Illness/	condition medicati	on is being take	en for:						
Date(s)	medication is to be	e given:		Time:					
Describ	e what the medica	tion looks like?							
Describ	e dosage and speci	al instructions:							
are invo	olved in the above a er, unexpired, and	activity. I under clearly labeled v	-	ions brought to a pro	chat 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 medicati	on is being take	en for:						
Date(s)	medication is to be	e given:		7	Sime:				
Describ	e what the medicat	tion looks like?							
My child are invo	d will be taking the olved in the above a er, unexpired, and	above noted practivity. I under clearly labeled	rescription or over-the-	counter medication t	that I am providing while they ogram must be in its original				
To be	completed by add	ministering lea	ıder						
	Date	Time	Leader initials	4-H'er initials	Notes				