



Georgia 4 H Medicine Form

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

4 H'ers Name _____

County: _____ Date(s): _____

Activity where medication may be administered:

Please

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. Parent/Guardian Signature: _____

Date: _____

To be completed by administering leader

Date	Time	Leader's initials	4 H'ers initials	Notes

Georgia 4 H Medicine Form – Additional Page

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