

Georgia 4~~5~~ Medical Information & Release Form
This form should be completed prior to each event.

4. Buyers Information

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Parent/Guardian Information

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- X The life vest is better for flotation than a life jacket in case of accident

ual and not required for participation.

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Parent/Guardian Signature

Date

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PLEASE COMPLETE BOTH SIDES

Over the Counter & Prescription Medication Summary

4 H'ers Name _____ County _____

Check Yes or No to indicate if you allow your child to receive the following medications while participating in 4-H programming.

Please list any prescription or over the counter medications your child is currently taking. This information is necessary if your child is to be treated by a medical professional.

Medication	Condition being treated for

Parent/Guardian Signature

Date