Georgia 4-H Medicine Form

4-H'ers Name_____

County:_____ 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:_____

_____

Date:_____

To be completed by administering leader

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

Georgia 4-H Medicine Form – Additional Page

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:_____

To be completed by administering leader

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