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

4 H'ers Name   **County**

Parent/guardian should list any over the counter medication that <u>may be given</u> to the 4 H'er in case of illness. In addition, list any/all medication routinely taken by the 4 H'er including prescription and over the counter medications.

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

1. Administration of Acetaminophen (Tylenol ®) or Ibuprofen (Motrin ® or Advil ®) at an age appropriate or weight appropriate dose for discomfort, pain, or fever
    - ☐ Yes ☐ No   *** Parent/Guardian will be contacted if student's fever is 100° F or higher.
2. Antacid liquid or Antacid tablets for indigestion/minor stomach discomforts and at an age appropriate dose
    - ☐ Yes ☐ No
3. Diphenhydramine (Benadryl®) for symptoms of allergic reactions, insect stings, or rashes at an appropriate dose
    - ☐ Yes ☐ No
4. Sore throat relief spray for sore throat
    - ☐ Yes ☐ No
5. Cough Drops for coughing
    - ☐ Yes ☐ No
6. Itch and rash relief cream/ointment for minor skin irritations
    - ☐ Yes ☐ No
7. Lubricating eye drops for eye irritations
    - ☐ Yes ☐ No
8. Oral pain relief gel for tooth/mouth discomfort
    - ☐ Yes ☐ No
9. Triple antibiotic ointment for minor skin abrasions/wounds
    - ☐ Yes ☐ No

Please list any prescription, over the counter, or homeopathic medications your child is currently taking. This information is necessary if your child is to be treated by a medical professional. Examples: Claritin, vitamins, etc. If the following medication should be administered during this event, complete the Georgia 4 H Medicine Form. Any medications brought to a program must be in its original container, unexpired, and clearly labeled with the 4 H'ers name. Youth may not share any medication with others.

All medications should be turned in to program/activity leaders at the program start and should accompany a Georgia 4 H Medicine Form. Any exceptions to this (such as an inhaler for asthma or an epi pen for allergic reactions) must be verified with a 4 H staff j   q   e   ever4t H M

Medication	Condition being treated[3]