

Georgia 4th Medical Information & Release Form

This form should be completed prior to each event.

4. Buyers Information

f • \ddagger

— ● — >

† † ” ‡ • •

Parent/Guardian Information

f • ‡ ä " ‡ ‡ " ‡ † Š ‘ • ‡ ä Ž – ä Š ‘ • ‡ ä

$\sum_{i=1}^n \frac{1}{i} = \ln n + \gamma$

Medical Information

The following information is requested in case of accident or illness to better treat your child.

The information is optional and not required for participation.

" - % Ž Ž † " % († • ā

- Š ſ " ž ž ſ " %o ſ ſ • á

‡ • ... " „ ‡ f • » " ‡ ... ‡ • - ‡ Ž Ž • ‡ • • " « • ØE — ” » ā

‡ • ... " „ ‡ f • > ” ‡ æ ‡ š • – • %0 ... ‘ • † • – ‘ • • ā

PARENT/GUARDIAN AGREEMENT:

Parent/Guardian Signature

Date

{ tu trsx

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