

Name of 4-H'er: _____

County: _____ Date(s): _____

Activity where medication may be administered:

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. I understand that any medications brought to a program must be in its original

6 - 11 9 11 0 - 11 : _

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 t he nva b lly. 6a(-) 6 (i) 1.7 (n(l) 9 MC / P4 (-) 6 (i) u.9 (ot) -0.6 t. 6a) 0.e.2 (e) 0.7 (6) -0.6 2 (h) -4 (e)