

Georgia 4-H Medicine Form

Name of 4-H'er: _____

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: _____

Illness/condition medication is being taken for: _____ 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 container, unexpired, and clearly labeled with the 4-H'er's name.

Parent/Gut ___t

Georgia 4-H Medicine Form – Additional Page – Name of 4-H'er: _____

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 al lly. 6a(-) 6 (i) 1.7 (n(l) 9MC /P4 (-) 6 (i) u.9 (ot) -0.6t. 6a) 0.e.2 (e) 0.7 (6) -0.6o2 (h) -4 (e)