Georgia 4-H Medical Information & Release Form

This form should be completed prior to each 4-H event.

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Over the Counter & Prescription Medication Summary

4 ÆÆ'ers Name_____ County _____

[illegible]

Check Yes or No to indicate if you allow your child to receive the following medications while participating in 4 ÆÆ programming.

s ä [illegible]

t ä [illegible]

u ä [illegible]

v ä [illegible]

w ä [illegible]

x ä [illegible]

y ä [illegible]

z ä [illegible]

{ ä [illegible]

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. [illegible]

Medication	Condition being treated for

[illegible]

_____ _____

Parent/Guardian Signature Date