

7/25/2019

This form should accompany any medication to be given at an event.

## <u>Please list any medication(s) your child will be taking while at the above event.</u> (Attach additional page if necessary).

Name o	of Medication:								
			ken for:						
			Time:						
			9?						
My chil are inv	d will be takin olved in the ak	ng the above noted pove activity. I und	prescription or over the	counter medication tions brought to a pr	that I am providing while they rogram must be in its original				
Parent/Guardian Signature:Date:									
To be completed by administering leader									
	Date	Time	Leader initials	4 H'er initials	Notes				
	ı	I	l	1	ı				

_			itional Page – Name of			
Illness/o	condition med	dication is being ta	ken for:			
Date(s)	medication is	to be given:		Time:		
Describe	e what the me	edication looks like	9?			
Describe	e dosage and :	special instruction	S:			
are invo containe Parent/	olved in the ab er, unexpired, 'Guardian Si <sub>ş</sub>	ove activity. I und and clearly labele	lerstand that any medicat d with the 4 H'er's name.	ions brought to a pro	hat I am providing while they ogram must be in its original	
	Date	Time	Leaders initials	4 H'ers initials	Notes	
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