



[REDACTED]

4-H'ers Information

Name _____ County _____
Address _____
Date of Birth _____ Grade _____ Gender _____ Preferred Phone _____

Parent/Guardian Information

Name: _____ Preferred Phone: _____ Alt. Phone: _____
Email Address: _____ Text: _____
Name: _____ Preferred Phone: _____ Alt. Phone: _____

Over the Counter & Prescription Medication Summary



4-H'ers Name _____ County _____

Parent/guardian should list any over-the-counter medication that may be given to the 4-H'er in case of illness. In addition, list any/all medication routinely taken by the 4-H'er including prescription and over the counter medications.

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

1 Administration of Acetaminophen (Tylenol) _____

Yes No

*** Parent/Guardian will be contacted if student's fever is 100° F or higher.