



**Georgia 4 H Medicine Form**

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

4 H'ers Name \_\_\_\_\_

County: \_\_\_\_\_ Date(s): \_\_\_\_\_

Activity where medication may be administered:

\_\_\_\_\_

**Please**

\_\_\_\_\_

\_\_\_\_\_

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. Parent/Guardian Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**To be completed by administering leader**

Date	Time	Leader's initials	4 H'ers initials	Notes

**Georgia 4 H Medicine Form – Additional Page**

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. Parent/Guardian Signature:** \_\_\_\_\_

**To be completed by administering leader**

<b>Date</b>	<b>Time</b>	<b>Leader's initials</b>	<b>4 H'ers initials</b>	<b>Notes</b>