

00				should accompany
4-H'ers Name				any medication
County:		Date(s):		to be given at an event.
Activity where	medication may	be administered:		
Please list any				e at the above event.
Name of Medication	1:			
Illness/condition m	edication is being tak	en for:		
Date(s) medication	is to be given:			Time:
Describe what the i	medication looks like?			
Describe dosage an	d special instructions	:		
while they are inv Date:	olved in the above a	ctivity. Parent/Gua		edication that I am providing
Date	Time	Leader's initials	4-H'ers initials	Notes

This form

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

_		ne Form – Addit	ional Page			6 (8)
Illness	/condition medi	ication is being tak	en for:			
Date(s	Date(s) medication is to be given: Time:					
Descri	be what the med	lication looks like?				
Descri	be dosage and s _l	pecial instructions:				
while	they are involv e completed by	ed in the above ac administering le		ardian Signature	:	
	Date	Time	Leader's initials	4-H'ers initials	Notes	
		,		•		
Name	of Medication:					
Illness	/condition medi	ication is being tak	en for:			
Date(s) medication is t	to be given:			Time:	
Descri	be what the med	lication looks like?				
Descri	he dosage and si	necial instructions:				
My ch	ild will be takin	ng the above noted	d prescription or ov	er the counter m	edication that I am	providing
	-	administering le	,	Digitatai bi		
	Date	Time	Leader's initials	4-H'ers initials	Notes	

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