



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 list any medication(s) your child will be taking while at the above event. (Attach additional page if necessary).

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

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

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

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