



4-H Event Medication Form

INSTRUCTIONS: Please complete this form for all medication(s) your child will be taking as needed, *including over-the-counter medications* for headaches or cold, inhalers, etc.

NOTE: This form must accompany your child to the 4-H event **only if** he/she is taking any medication. **Please read the following information** related to the "Medication Policy." Your signature below indicates that all information provided on this form is correct and you understand the 4-H center medication policy.

Medication Policy

- ✓ Youth under 18 years old **will not be allowed** to keep ANY medicines with them.
- ✓ All medications submitted at the 4-H event registration **must** be in the **ORIGINAL CONTAINER** with the youth's (or teen's) name **printed on the bottle**.
- ✓ Zip-lock bags, other bottles, bottles printed with someone else's name, or any other type of container besides the original, **will not be accepted**.
- ✓ Actual dosage listed on the bottle must be followed **unless** there is a written note from the prescribing doctor outlining different indications.

THERE WILL BE NO EXCEPTIONS TO THIS POLICY.

I have read and understand the above policy.

Parent/Guardian initials: _____ **Date:** _____

Member's Name: _____

Parent/Guardian Phone: (Day) _____ (Evening) _____

Medication Name (include any special instructions)	As Needed	Break-fast	Lunch	Dinner	Bedtime

FOR ADDITIONAL MEDICATIONS ATTACH ADDITIONAL COPIES OF THIS PAGE.

Medication Release

(Do not sign this line until you pick your child up from the event.)

My signature below indicates that I have picked up all medications from the 4-H staff person following the completion of the 4-H event.

Parent/Guardian Signature: _____ **Date:** _____



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