



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.