



Georgia 4-H Medicine Form

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

Name of 4-H'er: _____

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. I understand that any medications brought to a program must be in its original container, unexpired, and clearly labeled with the 4-H'er's name.

Parent/Guardian Signature: _____ Date: _____

To be completed by administering leader

Date	Time	Leader initials	4-H'er initials	Notes

Georgia 4-H Medicine Form – Additional Page – Name of 4-H'er: _____



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: _____

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Parent/Guardian Signature: _____

To be completed by administering leader

Date	Time	Leaders initials	4-H'ers initials	Notes

Name of Medication: _____

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Parent/Guardian Signature: _____

To be completed by administering leader

Date	Time	Leader initials	4-H'er initials	Notes