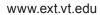
## **Virginia Cooperative Extension**



REVISED 2008 PUBLICATION 388-036

		4-H N	Iedica	tion For	m				
Car	mper's Na <u>me:</u>								
	one: (Day)			(Evening)					
can mu <u>info</u>	np including over-the-co st accompany your chil ormation related to the '	ounter medicatior d to 4-H camp <u>on</u> 'Medication Polic	ns for heada l <u>y if</u> he/she y" at 4-H ce	aches or cold, is taking any r nters. Your si	child will be taking as needed a inhalers, etc. NOTE: This form nedication. Please <u>read the follo</u> gnature below indicates that all 4-H center medication policy.				
<u>Me</u> √	dication Policy All medication submitted (or teen's) name printed		stration <u>mus</u>	st be in the OR	IGINAL CONTAINER with the can	nper's			
<b>√</b>	Campers (and teens under 18 years old) will not be allowed to keep ANY medicines with them.								
✓	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 <u>unless</u> there is a written note from the prescribing doctor outlining different indications. <b>There can be no exceptions to this policy.</b>								
X	Parent/Guard	dian Signature		Parent/Guardian Name (Please Print)					
AS		g over-the-counter	medications	s such as Tylen	child <b>MAY</b> need to take at camp or old or cold medicine. Prescription	r			
Medication		Dosage		Special Instructions					





Produced by Communications and Marketing, College of Agriculture and Life Sciences, Virginia Polytechnic Institute and State University



INSTRUCTIONS: The following **must be completed for each prescription medication** that is to be taken by your child during 4-H camp. Please list medications <u>in the order</u> in which they are to be taken. <u>This includes inhalers</u>.

Medication	Dosage	Breakfast	Lunch	Dinner	Bedtime	As needed

Medication Release: (Do not sign this line until you pick your child up f	from camp.)
My signature below indicates that I have picked up all medications from	the 4-H Center medical staff person
following the completion of 4-H camp.	
Parent/Guardian Signature:	Date