

4-H Medication Form

Camper's Name:

Phone: (Day) (Evening)

INSTRUCTIONS: Please complete this form for all medication(s) your child will be taking as needed at camp including over-the-counter medications for headaches or cold, inhalers, etc. **NOTE:** This form must accompany your child to 4-H camp only if he/she is taking any medication. Please read the following information related to the "Medication Policy" at 4-H centers. Your signature below indicates that all information provided on this form is correct and you understand the 4-H center medication policy.

Medication Policy

- ✓ All medication submitted at 4-H camp registration **must** be in the **ORIGINAL CONTAINER** with the camper's (or teen's) name **printed on the bottle**.
- ✓ 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 unless there is a written note from the prescribing doctor outlining different indications. **There can be no exceptions to this policy.**

X

Parent/Guardian Signature *Parent/Guardian Name (Please Print)*

The following should be filled out completely for each medication that your child **MAY** need to take at camp or **AS NEEDED ONLY**, including over-the-counter medications such as Tylenol or cold medicine. Prescription medications taken daily should be listed on the **BACK** of this form.

Medication	Dosage	Special Instructions

*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 in the order in which they are to be taken. **This includes inhalers.***

Medication	Dosage	Breakfast	Lunch	Dinner	Bedtime	As needed

Medication Release: (Do not sign this line until you pick your child up 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