



MEDICATION CHECKLIST – TO BE COMPLETED FOR ALL PARTICIPANTS

This form MUST accompany your child to the 4-H event WHETHER OR NOT he/she is taking any medication. This form must be COMPLETED IN ADVANCE, and brought or sent with the youth to onsite registration at 4-H camp.

Youth's Name		Sex	Birth Date				
Will youth have any medication(s) – including over the counter?							
Yes No	_ TOTAL NUMBER	(inclu	uding over the counter)				
<u>Parent/guardian</u> : please c	omplete this form for all r	medications v	your child will be taking at				
the 4-H event including over-the-counter medications for headaches or colds, inhalers, etc.							
Youths will not be allowed to keep any medicines with them, except inhalers that are							
accompanied by a written statement signed by physician. Prescription medication(s) must be							
in the original container(s) and have the original pharmacy label(s). Medications not in the							
original container (for instance, in baggies) cannot be accepted or administered by the 4-H							
event nurse. The dosage as prescribed by the doctor and on the label will be followed.							
Please be sure your instructions written below match the original bottle and/or							
container labels exactly							
Parent/Guardian's Signature			Date				
Parent/Guardian's Name: (p	orint)						
Address:							
Phone: Daytime	Evening		Cell				
Alternative Emergency Cont	tact:	P	hone:				
Youth's Primary Physician:							
Primary Physician's Phone:							

The following must be filled out completely for each medication, including over-the-counter medications such as Tylenol or cold medicine that your child will be taking at the event.

If your child will not have any medications at the event, write "NONE" on line 1.

(Parent - Do not fill in the "REC'D" or "RET'D" boxes.)

REC'D	1. Medication Name:	Dosage:	
	Times of Administration:		RET'D
	Instructions or Warnings:		
		CONTINUE ON REVERSE	
REC'D	2. Medication Name:	Dosage:	
	Times of Administration:		RET'D
	Instructions or Warnings:		
	2 Modication Name:	Dosage:	
REC'D			
	Times of Administration:		RET'D
	Instructions or Warnings:		
REC'D	4. Medication Name:	Dosage:	
	Times of Administration:		RET'D
	Instructions or Warnings:		
REC'D	5. Medication Name:	Dosage:	
	Times of Administration:		
	Instructions or Warnings:		RET'D
REC'D	6. Medication Name:	Dosage:	
	Times of Administration:		RET'D
	Instructions or Warnings:		