



Extension Center for 4-H Youth Development Medication Administration Form

This form must accompany any medication to be given at an event. One form per medication.

First name of 4-H'er: _____ Last name of 4-H'er: _____

Birthdate: _____ Age: _____ County: _____

Date(s) of event: _____

Parent/Guardian cell: _____

Activity where medication may be administered: _____

Name of medication: _____

Diagnosis (illness/condition) that requires the medication: _____

Date(s) medication is to be given at the 4-H event: _____

At what time of the day is the medication to be given? _____ a.m. _____ p.m.

Please describe the medication (pill, liquid, etc.): _____

Special handling instructions: Refrigeration Keep out of sunlight Other _____

Describe dosage and any special instructions:

Possible side effects and procedures that should be followed:

My child will take the above-named prescription or over-the-counter medication that I am providing while they are involved in the above-listed event. I understand that any medication 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:

Notes:

- ▶ Medication should be brought to the event in an unopened container.
- ▶ Parents/guardians should bring the medication to the event to sign it in with the Extension agent.
- ▶ Parent/guardian signature is required before a student can be assisted with self-medication.
- ▶ Parent/guardian must sign out the medication at the conclusion of the event. Any uncollected medication will be destroyed.

See reverse for record of medication administration.

To be completed by responsible Extension personnel:

Date	Time (indicate a.m. or p.m.)	Extension personnel	4-H'er's initials	Notes

Form 1199 (POD-02-24)

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