



# Florida 4-H Medication Form

**Parent or Guardian:** Please complete this form for any medication your child will be taking while attending any 4-H event, including non-prescription drugs, lotions, inhalers or any other items. This form **must** accompany your child's medication for camp. Write your child's name on a zip lock bag and place this form along with the medication inside the bag. **Thanks!**

4-Hers name: \_\_\_\_\_  
Parent/Guardian name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_  
County/City: \_\_\_\_\_ Gender: \_\_\_\_\_

The following will need to be completed for each medication your child will be taking while at any 4-H event, including non-prescription medications such as allergy medicine.

Medication name: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Time of day for administration: \_\_\_\_\_  
Special instructions or warnings: \_\_\_\_\_

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