# 4-H Event Medication Form

**INSTRUCTIONS:** Please complete this form for **all medication(s)** your child will be taking as needed, **including over-the-counter medications** for headaches or cold, inhalers, etc.

**NOTE:** This form must accompany your child to the 4-H event **only if** he/she is taking any medication. **Please read the following information** related to the “Medication Policy.” Your signature below indicates that all information provided on this form is correct and you understand the 4-H center medication policy.

## Medication Policy
- ✓ Youth under 18 years old **will not be allowed** to keep ANY medicines with them.
- ✓ All medications submitted at the 4-H event registration **must** be in the **ORIGINAL CONTAINER** with the youth’s (or teen’s) name **printed on the bottle**.
- ✓ 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 WILL BE NO EXCEPTIONS TO THIS POLICY.**

I have read and understand the above policy.

Parent/Guardian initials: ___________________ Date: ________________

---

Member’s Name: ____________________________________________

Parent/Guardian Phone: (Day) ___________________ (Evening) ___________________

<table>
<thead>
<tr>
<th>Medication Name (include any special instructions)</th>
<th>As Needed</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Bedtime</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FOR ADDITIONAL MEDICATIONS ATTACH ADDITIONAL COPIES OF THIS PAGE.

---

**Medication Release**

(Do not sign this line until you pick your child up from the event.)

My signature below indicates that I have picked up all medications from the 4-H staff person following the completion of the 4-H event.

Parent/Guardian Signature: ___________________ Date: ________________

---

[www.ext.vt.edu](http://www.ext.vt.edu)