



## 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 (over the counter and/or prescription)** 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.

**EXCEPTIONS TO THIS POLICY INCLUDE DOCUMENTED MEDICAL NEED FOR INHALER.**

**I have read and understand the above policy.**

**Parent/Guardian initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Member’s Name: \_\_\_\_\_

Parent/Guardian Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Medication Name (include any special instructions)	As Needed	Break-fast	Lunch	Dinner	Bedtime

**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:** \_\_\_\_\_

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