Permission for Medication

Please bring this form with you to any 4-H event. Medication must be brought in a container appropriately labeled by pharmacy or physician. No medication will be given without this information:

Name: ____________________________ Phone: ____________________________

Medication: ____________________________ Dosage: ____________________________

Directions: ________________________________________________________________
                                                                                   ________________________________________________________________
                                                                                   ________________________________________________________________

Reason for giving: ________________________________________________________________
                                                                                   ________________________________________________________________
                                                                                   ________________________________________________________________

I hereby give permission for 4-H Personnel/Volunteers to dispense medicine to my child. YES   NO

My child will dispense his/her own medicine. YES   NO

I understand that 4-H shall not be responsible for dispensing any medicine, including injections or otherwise, that requires a licensed medical practitioner to do so.

Parent/Guardian Signature __________________________________ Date: ________________

Pre-existing or Current Injury

Nature of Injury: ____________________________ Date of Injury: ________________

Any disability? Please describe: ______________________________________________________
                                                                                   _______________________________________________________
                                                                                   _______________________________________________________

Any limitation on physical activity? Please describe: ____________________________________
                                                                                   _______________________________________________________
                                                                                   _______________________________________________________

Other necessary information: _______________________________________________________
                                                                                   _______________________________________________________
                                                                                   _______________________________________________________