



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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