****Parent please sign form only if needed!****

4-H Year: 2016 HENRICO

Jamestown 4-H Center
Medication Form

Camper Name:_____

Parent/Guardian Name:_____

Parent/Guardian Phone (Daytime):_____(Evening):_____

INSTRUCTIONS: Please complete this form for **all medication(s)** your child will be taking as needed at camp including over-the-counter medications for headaches or cold, inhalers, etc. **NOTE:** This form must accompany your child to 4-H camp **only if** he/she is taking any medication. **Please read the following information** related to the "Medication Policy" at 4-H Centers. Your signature below indicates that all information provided on this form is correct and you understand the 4-H Center medication policy.

Medication Policy

- √ **All medications** (over the counter and/or prescription) must be submitted at 4-H camp registration for **any** camp participant (i.e. campers, teens, *and* adults).
- √ All medication **must** be in the **ORIGINAL CONTAINER** with the camper's (or teen's/adult's) name **printed on the bottle**.
- √ Zip-lock bags, pillboxes, non-original medicine bottles, or any other type of container besides the original **will not be accepted**.
- √ The **dosage instructions 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.

My initials below indicate I have read and understand this policy.

Parent/Guardian's Signature:_____**Date:**_____

Medication Name (include any special instructions)	**As Needed**	**Breakfast**	**Lunch**	**Dinner**	**Bedtime**
1.	❑	❑	❑	❑	❑
2.	❑	❑	❑	❑	❑
3.	❑	❑	❑	❑	❑
4.	❑	❑	❑	❑	❑
5.	❑	❑	❑	❑	❑

FOR ADDITIONAL MEDICATIONS ATTACH ADDITIONAL COPIES OF THIS PAGE.

Medication Release

(*To be signed when you pick your child up from camp*)

My signature below indicates that I have picked up all medications from the 4-H camp representative following my child's completion of camp.

Parent/Guardian Signature:_____Date:_____