

## **RESOURCE 21: 4-H Camp Medication Collected at Units Summary Form**

## **4-H CAMP MEDICATION SUMMARY FORM**

(To be completed by unit Extension agent or his/her designate.)

Doutioinant Name	LAST	MEDICATION(S)	Was Medication Form submitted for each medication?	
Participant Name FIRST			YES	NO
	(USE	ADDITIONAL COPIES AS NEEDED)		
**SIGNATURES R	EQUIRED**			
Signature:		Dat	te:	
		Agent Who Collected Medication		
Signature:		Dat	te:	<del></del>

4-H Center Medical Staff Person Who Received Medication