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 that 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 signature below indicates I have read and understand this policy.

Parent/Guardian’s Signature: ____________________________ Date: ____________________________

<table>
<thead>
<tr>
<th>Medication Name (include any special instructions)</th>
<th>As Needed</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Bedtime</th>
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</tbody>
</table>

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: ____________________________