

**Holiday Lake 4-H Educational Center
Camp – Medication Form**

Camper Name: _____ Camper Birthday: _____

Parent/Guardian Name: _____ Camper County: _____

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

- Please complete this form for all medication(s) your child will be taking at camp **including over-the-counter medications**.
- This form must accompany your child to 4-H Camp only if s/he 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** (i.e. pill bottle / box) with dosage instructions, and with the camper's, teen's, or 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 4-H Center must follow the dosage instructions listed on the bottle** unless there is a written note from the prescribing doctor outlining different indications.
- If the medication is expired, it will not be administered.

THERE WILL BE NO EXCEPTIONS TO THIS POLICY

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

Parent/Guardian's Signature _____ Date _____

Medication Name	As Needed	Breakfast (7:00)	Lunch (12:30)	Dinner (5:30)	Bedtime (10:00)	Other: Please Specify
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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: _____