



## ADDENDUM TO THE 4-H YOUTH HEALTH FORM

Complete this form if prescription medications are being taken by the student at the time of the event or if over-the-counter medication is to be administered by an Extension staff member or other authorized personnel. **Medications must be carried in their original containers.**

County: \_\_\_\_\_

4-Her's Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

What Illness/Condition is this medication intended for:  
\_\_\_\_\_

**Check one of the following:**

\_\_\_\_\_ Tylenol/Ibuprofen may be administered by 4-H Youth Development event personnel

\_\_\_\_\_ Benadryl may be administered by 4-H Youth Development event personnel

\_\_\_\_\_ Medication is to be self administered by student

\_\_\_\_\_ Medication is to be administered by 4-H Youth Development event personnel

Dosage: \_\_\_\_\_ Refrigeration? Yes \_\_\_\_\_ No \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Other Information (if applicable): \_\_\_\_\_

Date(s) to Administer: From \_\_\_\_\_ To \_\_\_\_\_

Prescribing Doctor's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Note: This form is to be used as a reference for 4-H participants who require any medication (prescription or "over-the-counter"). Administering of the medication is the responsibility of the participant. If health facilities and/or personnel are available at the facility and you prefer the trained personnel to administer the medication, you may request this prior to the event.**

**Event:** \_\_\_\_\_ **Date (s):** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Legal Guardian** **Date**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian** **Date**