

OVER-THE-COUNTER MEDICATIONS RELEASE FORM

Health Departments require events to obtain written permission to administer specific over-the-counter treatments used for common ailments such as headache, poison ivy, sunburn, diarrhea, and so forth.

I (parent/guardian) _____, hereby give permission to 4-H personnel to administer the following over-the-counter medications listed below if necessary. Dosages will be administered accordingly to the specific symptom/problem following the directions on the bottle unless a physician directs otherwise, to treat the following but not limited to headache, upset stomach, allergies, diarrhea, menstrual cramps, and poison oak.

Over the counter medications include:

- 1) Tylenol,
- 2) Pepto Bismol
- 3) Allergy medicine (over the counter)
- 4) Imodium AD
- 5) Lotion
- 6) Calamine

Participant's name (please print): _____

Parent/Guardian's name (please print) _____

Parent/Guardian's signature: _____ Date _____

IMPORTANT: Please bring this form with you on the first day of camp or send it in advance if you want to receive over-the-counter-medication should you need it.

Complete the following form only if you indicated in the "OFFICIAL 4-H HEALTH AND CODE OF CONDUCT FORM" that your son/daughter has a health concern.

You have indicated on your son's/daughter's health form that he/she has a health concern. Please explain below the procedures we need to follow to ensure your son's/daughter's safety at the Camp. If the participant is going to be taking any medication at the Camp, we need to know how much and how often to give the medicine to him/her. By signing below you are giving us permission to give your student the medication you have sent and also to follow the procedures you have provided.

Participant's name: _____

Health concern: _____

Medication: _____

Procedure: _____

Participant's Name

Parent or Guardian's Signature

Date