



# Request for Giving Prescription/Non-Prescription Medication at 4-H Event Form

Participant's Name \_\_\_\_\_

Reason it is necessary for participant to have access to medication at this event \_\_\_\_\_

Name of 4-H Event 2009 Southwest Iowa Area 4-H 5<sup>th</sup> & 6<sup>th</sup> Grade Junior Camp

Location Iowa 4-H Camping Center, Madrid, Iowa Date of Event June 14-17, 2009

Medication will be administered following these guidelines:

- Parent signed and dated authorization (below) to administer the medicine completed.
- The medication must be in the prescription container or the container in which it was purchased.
- The prescription medication label contains the participant's name, name of medication, direction for use, and date.
- The medication will be stored with the Start 4-H Camp Nurse, and it must be in the original container.

Name of Medication				
Medication dosage				
Dates to be given				
Time to be given				
Doctor who prescribed (if applicable)				
Prescribing doctor's phone number (if applicable)				
Additional information or administration instructions:				

I request the above participant be given the medication at this 4-H event by the State 4-H Camp Nurse supervising this event according to the prescription or non-prescription instructions and a record maintained. The participant has experienced no previous side effects from the medication. .

I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonable prudent person would under the same or similar circumstances. I agree to provide safe delivery of medication and equipment to and from this 4-H event and to pick up remaining medication and equipment from the Camp Nurse or authorized adult supervising this event.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

## IOWA STATE UNIVERSITY

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