

Record of Giving Prescription/Non-Prescription Medication at 4-H Event

Participant Name

Parent/Guardian Name

Phone

Event

Location

Name of person dispensing medication

A Request for Giving Prescription/Non-Prescription Medication at a 4-H Event form is on file. Yes No Staff Initials _____

I have reviewed the written request with the participant's parent/guardian. Yes No Staff Initials _____

Scheduled Medication (Name, Dose, Route, Frequency)	Date/Hour	Date/Hour	Date/Hour	Date/Hour	Other notes



IOWA STATE UNIVERSITY
Extension and Outreach

Complete one form for each person needing medication. Record to be retained with Request for Giving Medication, Release forms, Waivers, etc.

December 2022

Permission was provided by a parent/guardian to provide the following common over the counter (non-prescription) medication through:

____ Request for Giving Prescription/Non-Prescription Medication at 4-H Event form

____ Participant registration form for the event/activity

____ Phone Call (date and time documented below in other notes)

Over the counter medication given and reason	Date/Hour	Date/Hour	Date/Hour	Date/Hour	Other notes

Documentation of Omitted Dose of Medication

Medication (Dose, Route, Frequency)	Date/Hour	Reason for Omission	Other notes