

University of Vermont Extension
4-H Health Statement on Medication and Pre-existing Injury
Form CE-9

Permission for Medication

Please bring this form with you to any 4-H event. Medication must be brought in a container appropriately labeled by pharmacy or physician. No medication will be given without this information:

Name: _____ Phone: _____

Medication: _____ Dosage: _____

Directions: _____

Reason for giving: _____

I hereby give permission for 4-H Personnel/Volunteers to dispense medicine to my child. YES NO

My child will dispense his/her own medicine. YES NO

I understand that 4-H shall not be responsible for dispensing any medicine, including injections or otherwise, that requires a licensed medical practitioner to do so.

Parent/Guardian Signature

Date

Pre-existing or Current Injury

Nature of Injury: _____ Date of Injury: _____

Any disability? Please describe: _____

Any limitation on physical activity? Please describe: _____

Other necessary information: _____
