



Parental Consent for Administering Medication at 4-H Camp

To: Louisiana Cooperative Extension Service

Please give my child: _____
(Child's name: Last, First, MI)

the medication(s) listed below as ordered by Dr. _____
(Name of Physician)

I accept the rules of the Louisiana Cooperative Extension Service concerning the giving of medication, including the following:

1. The medication must be prescribed by a physician.
2. The medication must be brought to the Extension 4-H Agent by an adult. It must be in a container with a label from a pharmacy showing the name of the medication, the dosage, the date it was last filled, the name of the child, and how often it is to be given. No more than a week's supply of medication should be sent to 4-H Camp.
3. The Louisiana Cooperative Extension Service and its employees are not responsible for any unintentional mistakes or oversight in keeping or giving my child's medication.

I certify to the Louisiana Cooperative Extension Service that it is necessary for my child to receive the medication(s) listed below during 4-H Camp:

Name of medication (as written on bottle)	Dosage (in milligrams –mg)	Times to be administered
<i>Example: Methylphenidate Hydrochloride (Ritalin)</i>	<i>20 mg</i>	<i>1 tablet three times a day</i>

 Signature of Parent(s) or Guardian(s) Date

 Parent(s) or Guardian(s) Address: City, State and Zip

 Home Telephone Number (_____) _____
Work Telephone Number