

Name _____

County _____



Supplement A: Parental Consent Form for Self-Administration of Prescription and Non-Prescription Medicines at Tennessee 4-H Centers

_____, parent or guardian of _____
(Your Name)

verifies that my child is competent to self-administer the following medication(s):

Name of Medication: _____ Expiration Date: _____

Prescribing Doctor: _____ Doctor's Phone: _____

Dosage Directions (as prescribed by the physician, including time of day, amount, frequency, and duration):

Reason for Medication: _____

Possible Side Effects (if known): _____

Name of Medication: _____ Expiration Date: _____

Prescribing Doctor: _____ Doctor's Phone: _____

Dosage Directions (as prescribed by the physician, including time of day, amount, frequency, and duration):

Reason for Medication: _____

Possible Side Effects (if known): _____

Parent or Guardian Signature _____

Date _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development.
University of Tennessee Institute of Agriculture, U.S. Department of Agriculture and county governments cooperating.
UT Extension provides equal opportunities in programs and employment.