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.