



**INSTRUCTIONS FOR MEDICATIONS**

1. All prescription drugs **MUST** be earned in the container in which they were issued (with medical orders and physician's name intact) and given to the nurse health director. Others will not be accepted.
2. If you need over-the-counter medications not listed below, they must be in the original container and must be stored under lock and key by the nurse, health director.

**ALLERGIES (please print)**

Food Allergies: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Serious Ivy, Oak, or Sumac Poisoning: \_\_\_\_\_ Bee or Insect Stings: \_\_\_\_\_

Prescribed Treatment: \_\_\_\_\_

**CHECK MEDICATIONS BELOW THAT PARTICIPANT MAY RECEIVE IF NECESSARY:**

Acetaminophen \_\_ Benadryl \_\_ Caladryl \_\_ Calamine \_\_ Chloraseptic \_\_ Claritin \_\_ Epi-Pen \_\_  
 Ibuprofen \_\_ Immodiunn \_\_ Insect Repellent \_\_ Maalox \_\_ Milk of Magnesia \_\_ Neosporin Ointment \_\_  
 Robitussin DM \_\_ Silvadene Cream \_\_ Sudafed \_\_ Sunscreen \_\_

**MEDICATIONS (Currently taking)**

Name	Dosage	Frequency

**PARENT/GUARDIAN MEDICAL RELEASE**

**Part I (To Grant Consent)**

\_\_\_\_ In the event reasonable attempts to contact have been unsuccessful, **I hereby give my consent for:** (1) the administration of any treatment deemed necessary by preferred physician and preferred dentist, listed on the front of this form, or in the event the designated practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to appropriate hospital or urgent care center reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

**Part II (Do not complete Part II if you completed Part I)**

\_\_\_\_ **I do not give consent** for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish 4-H Camp Ohio and the sponsoring agency authorities to take no action or to

**Part III**

\_\_\_\_\_ has my permission to participate in the Ohio 4-H program and activities (with the exception of those restricted activities listed). I understand participants will be supervised. I understand the 4-H staff and volunteers, Ohio State University Extension and The Ohio State University are not responsible in the event of accidental injury or illness, nor for the compounded injury or illness to the participant's present medical conditions listed. I further understand in case of serious injury or illness I will be notified

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO/VIDEO RELEASE**

I give permission to The Ohio State University, OSU Extension, the Ohio 4-H program and 4-H Camp Ohio to use photographs, voice and video images of the participant named above and photographs, voice and video images of any activities in which the participant is involved in any and all public awareness programs of The Ohio State University, OSU Extension, the Ohio 4-H program and 4-H Camp Ohio.

Signature \_\_\_\_\_ Date \_\_\_\_\_