



Kentucky 4-H Camp Medication Form 2022

Participant's Name	County	Sleeping Facility (e.g., cabin #2, yurt #1)	Age	Weight

	Name of Medicine Dosag	Dosage	Time of Medicine (Check all that apply)				Notes	
		Breakfast	Lunch	Dinner	Bedtime	Other	(e.g., as needed, take w/ food)	
1								
2								
3								
4								
5								
6								

DIRECTIONS:

Place the following items in a clear bag: (1) medications in original containers, (2) this completed form, and (3) a recent photo of the participant. On the outside of the bag write (with a permanent marker) the participant's name, county, and sleeping facility.

OFFICE USE ONLY

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	HCP Review Stamp
Breakfast								
Lunch								
Dinner								
Bedtime								
Other								
As needed								

Cooperative Extension Service Agriculture and Natural Resources Family and Consumer Sciences 4-H Youth Development Community and Economic Development Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.



LEXINGTON, KY 40546