



Kentucky 4-H Camp Medication Form 2025

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

| | Name of Medicine | Dosage | Time of Medicine (Check all that apply) | | | | | Notes (e.g., as needed, take w/ food) |
|---|------------------|--------|--|-------|--------|---------|-------|--|
| | | | Breakfast | Lunch | Dinner | Bedtime | Other | |
| 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 | | | | | | | | |

