

Name _____

County _____

**F600M: Parental Consent Form for Self-Administration of Prescription and
Non-Prescription Medicines at Tennessee 4-H Events**
(place this form in a re-sealable zipper storage bag with the medication)

Before completing this form, please read the F600 form and consider the need to have your child bring this medication to the 4-H event.

I _____ parent or guardian of _____
(Your Name) (Your child)

verify that my child is competent, and has been instructed, to self-administer the following medication:

Medication _____ Expiration Date _____

Prescribing Physician _____ Physician's Phone _____

Dosage Directions (as prescribed by the physician)

When it is given:

Breakfast Lunch Dinner Bedtime Other time: _____

Amount or dose given: _____

How it is given: _____

Other instructions: _____

Reason for Medication

Possible Side Effects (if known)

Parent or Guardian Signature

Date

Phone Number(s): Home _____

Mobile _____

Work _____

***This form is available online**

