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 resealable storage bag with medications, vitamins, and/or supplements **in the *original container.* No expired items will be accepted**)

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 medications, vitamins, supplements, etc.:

Name of Medication	Reason for Medication and Possible Side Effects	Dosage (amount given, how to administer, etc.	Time of Medicine (place X in desired time(s)					Notes (such as: take with food, take as needed, etc.)
			Breakfast	Lunch	Dinner	Bedtime	Other (specify)	

Prescribing Physician's Name _____ Physician's Phone _____

Parent or Guardian Signature _____ Date_____

Phone Number(s): Home _____ Mobile _____ Work _____