



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	
			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 MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Agriculture and Natural Resources physical c Family and Consumer Sciences may be average at 4-H Youth Development Universit Community and Economic Development Lexington



