



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								

