

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 \_\_\_\_\_