MEDICATION CONSENT FORM (PRESCRIPTION)

## If your student will be taking prescription medication please fill out the following information and return it to your Advisor. All medication should be in an original marked container including student name, medication name, and dispensing directions and should be given directly to your Advisor prior to departure.

## NAME OF STUDENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Name of Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Time of Dose(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Any reactions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## [ ]  I give consent for the Educational Talent Search Staff to dispense the

##  above medication as directed.

|  |  |
| --- | --- |
| Name of Parent/Guardian | Date |

MEDICATION CONSENT FORM (OVER THE COUNTER)

## Educational Talent Search can supply to students on an as needed basis the following types of medications: Benadryl, Allergy Eye Drops, Tylenol, Advil, Antacid, Dramamine, Pepto-Bismol, & Imodium (or generic versions/ comparable brands).

## NAME OF STUDENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## [ ]  I give consent for the Educational Talent Search Staff to dispense the

##  above listed medications as needed.

## [ ]  I do not give consent for the Educational Talent Search Staff to

##  dispense any medications.

|  |  |
| --- | --- |
| Name of Parent/Guardian | Date |