

MEDICATION CONSENT FORM

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 _____

NAME OF STUDENT _____

Educational Talent Search will supply to students on an as needed basis only the following medications: Benadryl, Tylenol, Advil, Pepto-Bismol, Dramamine, & Imodium.

I give consent for the Educational Talent Search Staff to dispense the above listed medications as needed.

OR

I do not give consent for the Educational Talent Search Staff to dispense any medications.

Name of Parent/Guardian _____

Date _____