NOTIFICATION OF MEDICATION/PERMISSION TO DISPENSE

My student needs to take the following medication. I understand that the University of Delaware Upward Bound Math/Science (UBMS) Program will store the medication provided and hereby give my permission for a program representative to dispense it, only in the dosage and frequency prescribed, to my student.

Medication: ____________________________________________________________
Dosage/Frequency: ____________________________________________________

Medication: ____________________________________________________________
Dosage/Frequency: ____________________________________________________

Medication: ____________________________________________________________
Dosage/Frequency: ____________________________________________________

Medication: ____________________________________________________________
Dosage/Frequency: ____________________________________________________

Medication: ____________________________________________________________
Dosage/Frequency: ____________________________________________________

DISPENSING OF NON-PRESCRIPTION DRUGS

The University of Delaware Upward Bound Math/Science (UBMS) Program staff is willing to dispense the following non-prescription drugs:

- Aspirin/Tylenol
- Cough medicine
- Cold medicine
- Antacids

Express written permission must be given by the parent/guardian for this. If you would like your student to be able to request these from residential/administrative staff, please sign below.

My student has my permission to request and receive non-prescription drugs (as listed above) from program staff of the University of Delaware Upward Bound Math/Science Program (UBMS). I understand that program staff will release these medications in a responsible manner and maintain a log of the medication dispensed.

___________________________________________  ____/____/_______
Signature of Parent/Guardian                      Date