WRIGHT STATE UNIVERSITY

Office of Pre-College Programs
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
(937) 775-3135

Medication Form

This form is required for all participants who require medication during the program. All medications brought to the program must be given to the Residential Staff at check-in. "Medications" include **any** prescriptions, drugs and over-the-counter medications (including aspirin or Tylenol).
PLEASE NOTE: Participants may keep topical medications, vitamins, inhalers and bee sting kits. If your child utilizes any of these medications, please inform the Residential Staff.

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GUIDELINES FOR ADMINISTERING MEDICATIONS:

1. All medications must be in the manufacturer's container.

2. If the medication is a prescription, it must have a prescription label on it with the child's name, dosage, times to be given, and how long the child is to be treated. The label must also have the prescription number, the name of the prescribing physician, and the name of the pharmacy which filled the prescription.

3. This form must be completed and signed by a parent/guardian. Medications cannot be given without parental permission.

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TO BE COMPLETED BY PARENT/GUARDIAN:

Student's Name:_____ Age: _____ Date of Birth: _____

Address:_____ Telephone: _____

Father's Name:_____ Work Phone: _____

Mother's Name:_____ Work Phone: _____

Family Physician:_____ Office Telephone:_____

I hereby give my consent to the staff of the Office of Pre-College to dispense the following medications to the child named above (please check all that apply):
____ Aspirin ____ Acetaminophen ____ Ibuprofen ____ OTC Allergy/Sinus ____ Prescription Med

PRESCRIPTION INFORMATION:

Name of Medication:_____ Dosage to Be Given:_____

Times to Be Given:_____ Duration of Treatment:_____

Prescribing Physician:_____

Parent/Guardian's Signature:_____ Date:_____