

Medication Release

Student Name: _____ Date: _____
Month/Date/Year

This Medication Release Form covers the entirety of the Upward Bound Summer Program for the year listed above. Students under the age of 18 are not allowed to administer medication to themselves, under the supervision of the Upward Bound program. This form helps us prepare medication administration schedules, so that we can document when students are taking medication on the reverse side of this page, which helps in the event of an emergency. We will not give a student any medication if you have not authorized us to. UB staff tries their best to make sure students are taking their medication, but it is ultimately up to the student to make sure they get their medication when they are supposed to.

Non-Prescription Medication:

I authorize the Upward Bound staff to give my child pain medication as needed, such as any brand of aspirin or ibuprofen, and motion sickness medication.

Yes No

Prescription Medication:

Write "No Medication" on the first line if your child is not taking prescriptions.

Name of Medication: _____

Reason for Taking This Medication: _____ Dosage: _____

No. of times per day: _____ Time(s) Typically Taken: _____

Name of Medication: _____

Reason for Taking This Medication: _____ Dosage: _____

No. of times per day: _____ Time(s) Typically Taken: _____

Name of Medication: _____

Reason for Taking This Medication: _____ Dosage: _____

No. of times per day: _____ Time(s) Typically Taken: _____

Name of Medication: _____

Reason for Taking This Medication: _____ Dosage: _____

No. of times per day: _____ Time(s) Typically Taken: _____

Name of Medication: _____

Reason for Taking This Medication: _____ Dosage: _____

No. of times per day: _____ Time(s) Typically Taken: _____

Parent/Guardian Signature: X _____

Medication Administration (Staff Use Only)

Staff Directions: Whenever you administer medication to a student, please be sure to fill in what medication you administered at the top of the column, and list the time and your initials in the row of the medication, and number of pills for pain medication. If a student takes a medication more than once per day, please list the medication again in the prescription/other medication column.

Student Name: _____

	Aspirin/Ibuprofen			Prescription/Other Medication			
	Morning	Afternoon	Evening				
Week 1							
Example	8:30a KL						
6/4/18							
6/5/18							
6/6/18							
6/7/18							
6/8/18							
Week 2							
6/10/18							
6/11/18							
6/12/18							
6/13/18							
6/14/18							
6/15/18							
Week 3							
6/18/18							
6/19/18							
6/20/18							
6/21/18							
6/22/18							
Week 4							
6/25/18							
6/26/18							
6/27/18							
6/28/18							
6/29/18							
Week 5							
7/2/18							
7/3/18							
7/4/18							
7/5/18							
7/6/18							
Week 6							
7/9/18							
7/10/18							
7/11/18							
7/12/18							
7/13/18							

Handbook Acknowledgement

Student Name: _____

Students and parents share, with the administration and staff, the responsibility of developing and maintaining a climate in the Upward Bound Program that promotes wholesome learning and living.

Student:

I hereby acknowledge that I have received a copy of the Upward Bound Summer Program Student & Parent Handbook. I understand that I will be held responsible for the rules, regulations and guidelines that are contained in the handbook. I have read and discussed the Upward Bound Summer Program Handbook with my parent.

Student Signature: X _____

Date: _____
Month/Date/Year

Parent:

I hereby acknowledge that I have received a copy of the Upward Bound Summer Program Student & Parent Handbook. I understand that my child will be held responsible for the rules, regulations and guidelines that are contained in the handbook. I have read and discussed the Upward Bound Summer Program Handbook with my child.

Parent/Guardian Signature: X _____

Date: _____
Month/Date/Year

Absence Request

For Student: _____

ALL EXCUSED ABSENCES MUST BE APPROVED BY THE UPWARD BOUND MANAGER.

Please list all dates that the student will be absent during the summer program. If you are unsure of when some absences may be, such as summer camps, please estimate approximately when you believe you may be absent in order to make the paperwork deadline. You can complete another form at a later date in order to update us with more accurate information. Please let us know AS SOON as you get finalized information.

Excused absences include:

- Summer School (Drivers Ed, etc.)
- Doctor/Dental Appointments
- Pre-arranged Family Commitments

Unexcused absences include:

- Hair Appointments
- Personal Appointments
- Work - Your work schedule needs to be approved through the UB Manager

Date of Expected Absence	Time Student is Expected to Leave	Time Student is Expected to Return	Reason for Absence

Signed by: X _____
Parent/Guardian Signature

Date: _____
month-date-year

Signed by: X _____
UB Program Manager Approval Signature

Date: _____
month-date-year