

Upward Bound Math Science Program

University of Maryland, Baltimore County

Consent for Administration of Approved Discretionary Medications

STUDENT'S NAME _____

DIRECTIONS: COMPLETE AND SIGN PART 1 OR PART 2.

PART 1:

I hereby give permission for my child _____ to receive any medications listed below on this form as deemed necessary by the Program Director, Residential Director, Program Coordinator, or Administrative Assistant. I have checked those medications I wish to be made available to my child. I understand that generic equivalent medications may be used in place of more expensive brand-name items.

Please check any medication you wish to be made available to your child:

- ___ Acetaminophen (Ex: Tylenol)
- ___ Ibuprofen (Ex: Advil, Motrin)
- ___ Anti-Itching Lotion (Ex: Calamine)
- ___ Throat Lozenges (Ex: Cepacol)
- ___ Chewable Antacid (Ex: Tums)
- ___ Diphenhydramine (Ex: Benadryl)
- ___ Hydrocortisone Cream 1%
- ___ Medicaine Swabs (Bee Stings)
- ___ Cough Drops

I understand that the above medication I have checked will be administered by the Program Director, Residential Director, Program Coordinator, or Administrative Assistant in accordance with the established protocol developed by the clinical director of the University of Maryland Baltimore County Office of University Health Services.

Parent/Guardian Signature _____ Date _____

Daytime Telephone _____ Evening Telephone _____

PART 2:

I do not want any medication given to my child during the Upward Bound Mathematics and Science 2019 Summer Residential Program.

Parent/Guardian Signature _____ Date _____

Daytime Telephone _____ Evening Telephone _____