



HEALTH SCIENCE AND TECHNOLOGY ACADEMY

SUMMER 2011 – MEDICATION FORM

(attach to Medical Information Sheet)

Please list all prescription medication that your child will be taking while on campus including any special instructions. Students are responsible for administering their own medications. All Medications must be in their original bottle.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please list contact information so that the Campus Director can contact you if there are any questions or concerns regarding medication(s).

Parent/Legal Guardians Name: _____

Student's Name: _____

Address: _____

Phone number: _____ Alt Phone number: _____

Doctor's Name: _____

Doctor's phone: _____

Is there any additional Emergency Information that you feel we should be aware of while your child attends the HSTA Summer Program?

Parent/Legal Guardian Signature

Date