



Permission To Keep Medications Form

If the student will retain possession of any medications, please complete and return this form.

Student's Name _____ Date of Birth (MM/DD/YY): _____

If a student needs to take medication while at camp (whether prescription or over-the-counter), Mathcamp's policy is that the medication will be stored securely in the camp office and that camp staff will administer or oversee the self-administration of the medication.

Exceptions to the policies on storage and administration of medication will *automatically* be made for those medications to which the student must have urgent access at all times, such as epinephrine pens and asthma inhalers.

In order for the student to retain possession of a medication *other* than an epinephrine pen or asthma inhaler, please have a physician complete and sign this form.

I attest that it is medically desirable for the above-named student to retain possession of the following medication, instead of storing it with the Mathcamp staff, and to self-administer the medication without Mathcamp staff present:

Name of Physician

Signature of Physician

Date

Name of Parent/Guardian

Signature of Parent/Guardian

Date

Name of Student

Signature of Student

Date