I, ____________________________________________________ (Custodial Parent/ Legal Guardian) of
First Name          Family Name
_____________________________________________________ (Student), understand and acknowledge by
First Name          Family Name
my signature below that the University of California Berkeley does not have the medical staff or
resources available during the UC Berkeley Pre-College Scholars Residential Program to store or
administer prescription or non-prescription medications for the student. I have decided as the
student’s custodial parent or legal guardian that the student is capable of being responsible for
storing and taking their own medication(s) throughout their participation in the Program.

I understand and acknowledge that the University of California Berkeley staff will not be responsible
for storing or administering medication, prescription or non-prescription, for the student during the
Program.

____________________________________________________________________________________________________________
Signature of Custodial Parent / Legal Guardian         First Name      Family Name      Date
____________________________________________________________________________________________________________
Signature of Student                                    First Name      Family Name      Date

IMPORTANT: Your application will not be complete until all forms are signed electronically via Docusign by both the Student and the
Custodial Parent / Legal Guardian. The Docusign packet will be first sent to the student’s email address to add their signature, then when
completed the packet will be sent to the Parent/ Legal Guardian's email address to add their signature. It is the student’s responsibility to
ensure that the email addresses of both the Student and the Parent/ Legal Guardian provided in the application are correct.

Please address any questions regarding this form to precollege@berkeley.edu.