

UC Berkeley Pre-College Scholars Residential Program Storage and Administration of Medication Form 2022

I, _____ (Custodial Parent/ Legal Guardian)
of _____ (Student), understand and
acknowledge by 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 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 medications, prescription or non-prescription, for the student during
the Program.

Signature of Custodial Parent / Legal Guardian

Printed Name

Date

Signature of Student

Printed Name

Date

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