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

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

This form requires wet signatures (signed in ink with a pen). Typed or electronic signatures will not be accepted.