



Union Springs Academy P.O. Box 524 Union Springs, NY 13160 (315) 899-7314

Medical Statement

Name of Student: _____ Sex: M F D.O.B. _____

Please check box as to who has custody:

Father _____ Phone _____

Mother _____ Phone _____

Guardian _____ Phone _____

Allergies: (Please list all food and drug allergies)

Are you on medication now Yes No If Yes, Please list All Medications and directions

For Dorm Students **all medications** are required to be kept with the dean- NEVER in your room. Go to the dean each time you need your medication. Please note it is not the dean's responsibility to remind you to take your medication. It is your personal responsibility to go ask for it.

Each bottle MUST be labeled with the appropriate prescription label.

If you do not take your medication, as prescribed by your doctor, this action could be considered a violation of school policy. Please note, NOT taking your medication as prescribed could be cause for dismissal.

Union Springs Academy staff will dispense Tylenol, Motrin, Tums, Benadryl Cough Medicine, or charcoal tablets to any student that is deemed to need it. If this is acceptable to you please sign the statement below. Any other medication specific to the students' needs are the responsibility of the parents to provide.

Union Springs Academy staff **has my permission** to give my child Tylenol, Motrin, Tums, Benadryl, Cough Medicine, charcoal tablets or other over-the-counter medications as necessary **throughout my child's attendance at Union Springs Academy.**

Parent/Guardian _____ Date _____

Or

Union Springs Academy Staff **does NOT have my permission** to give my child any medication whatsoever.

Parent/Guardian _____ Date _____