Summer 2026 Upward Bound Medical Form

The Upward Bound program has established guidelines around student use of prescription and non-prescription drugs during their summer program at Vermont State University-Johnson. Please read the following guidelines carefully.

Prescription Medication: Residential students who are required to take medications are required to let Upward Bound staff know that it is in their possession. Medication must be in the prescription bottle with original pharmacy label. The UB staff reserves the right to collect and distribute any prescription medication brought into our community by a student and will do so with any controlled substances. In this case the staff will be responsible for storing and distributing medication to students at the appropriate time. **Parents/Guardians** are responsible for monitoring and supplying their child with their medications for the program. If deemed necessary, **students** are responsible for giving their prescription drugs to core staff upon arrival each week and collecting their medication before returning home at the end of the week.

Non-Prescription Medication: The Upward Bound program will make available to students common non-prescription medication such as Ibuprofen, Aspirin, etc. with the permission of parents/guardians The Upward Bound program will monitor and track what students take. If your student requires a specific medication or dose for a preexisting medical condition, please make sure to note that on the form below.

What medications, if any, may we provide to your child if requested (eg. tylenol, ibuprofen, tums,etc.)?

At this time parents are respectfully asked to declare information regarding any prescription drugs and any other medical conditions that may affect your child(s) safe participation in Upward Bound activities this summer. Please list any medications that your child will be taking during the

Medication Name	Purpose	Amount taken (Mg)	How often (times per day)	How long has student been on medication?

By signing below, you agree to abide by the Upward Bound prescription and non-prescription medication policy as detailed on this form and accept the responsibilities they entail. Furthermore, by signing this form I hereby authorize the Upward Bound staff to administer, to my child the prescription medication(s) listed above and any nonprescription medication as needed through the duration of the summer program.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Please list any dietary restrictions that we should be aware of:

Please share any additional health information that would like us to know: