

UC Berkeley Pre-College Scholars Residential Program Storage and Administration of Medication Form 2024

I, _____ (Custodial Parent/ Legal Guardian) of
_____ (Student), understand and acknowledge by
my signature below that the Pre-College Scholars Program 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 Pre-College Scholars Program staff will not be responsible
for storing or administering medication, prescription or non-prescription, for the student during the
Program.

Reminder: If the student is currently receiving disability-related accommodations at their institution or anticipate needing them during
the program, please contact the university DSP office as soon as possible after registration to discuss appropriate responses to your
needs. Please also make sure to fill up the optional Medical Information Form by the assigned deadline.

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.