

TMSC Summer of STEM Adventures 2024

Medication drop-off form

Please fill out this form and put in a clear ziploc-style bag (labeled with your child's name) along with your child's medication and medical authorization form.

Student name: _____

Week(s) and program(s) attending (please list program titles):

- Week 1 (June 24-28) _____
- Week 2 (July 8-12) _____
- Week 3 (July 15-19) _____
- Week 4 (July 22-26) _____
- Week 5 (July 29-Aug 2) _____
- Week 6 (Aug 5-9) _____
- Week 7 (Aug 12-16) _____

Bus stop:

- Hartford
- West Hartford
- Avon

Choose from the following options:

- My child is attending one program, and their medication should be returned to the parent/guardian at the bus stop on the last day
 - My child is attending multiple programs, and their medication should be returned to the parent/guardian at the bus stop on the last day of each program
 - My child is attending multiple programs, and their medication should be KEPT at TMSC until the last registered program, and then returned to the parent/guardian at the bus stop on the last day of that program
 - Other: please describe
- _____

Parent/guardian signature: _____ Date: _____

Print name: _____