

TMSC Summer of STEM Adventures 2026

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 22-26) _____
- Week 2 (July 6-10) _____
- Week 3 (July 13-17) _____
- Week 4 (July 20-24) _____
- Week 5 (July 27-31) _____
- Week 6 (Aug 3-7) _____
- Week 7 (Aug 10-14) _____

Bus stop:

- 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: _____

MEDICATION RETURN *(please sign once you have picked up the medication)*

Parent/guardian signature: _____ Date: _____