



## MEDICATION CONSENT

**\*\*\*Please Note** that Motion41 Dance Staff and Resident Advisors will not give any over-the-counter or prescription medications to students whatsoever unless they have been prescribed by the student's physician, are listed on their Physical Examination form which has been completed by a licensed M.D., and we have a Medication Order Form on file.

### PRESCRIPTION MEDICATION ADMINISTRATION CONSENT (ONLY IF ON PRESCRIPTION MED)

I give permission to the Resident Advisor or Motion41 Staff member to administer and/or facilitate the taking/use of prescription medications or over-the-counter medications prescribed by the licensed M.D. noted on the Physical Examination Form.

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Parent/Guardian Signature

Date

### PARENT CONSENT FOR SELF-ADMINISTRATION OF MEDICATION (ONLY IF ON PRESCRIPTION MED)

I give permission for my child to self-administer medication. I feel comfortable that my child can responsibly administer him/herself medications. Motion41 Dance, Inc. or any other party involved in the Summer program does not assume responsibility for students who do not self-administer medications as prescribed by the physician or as agreed upon in the medication plan.

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Parent/Guardian Signature

Date

### STUDENT AGREEMENT FOR SELF-ADMINISTRATION OF MEDICATION (ALL STUDENTS SIGN)

1. I understand that I am responsible for taking medications as directed.
2. I will safely store the medications and keep it packaged as recommended by my physician or nurse. I will report lost medication to a staff member immediately.
3. I agree to contact a staff member if I don't feel well or if I have any questions about my medication.
4. I agree NEVER to share my medication with anyone.
5. I agree to NOT keep my medications in common areas of the housing facility, dance site, or on my person where others can easily access them unless permitted to do so by Motion41 staff.
6. I understand that not following these guidelines may result in disciplinary meeting between parents and Motion41 Staff.

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Student Signature

Date

