



Bella Mente Academies

Medication Acknowledgement Drop-Off Form

This form is used to acknowledge medication dropped off to the school for one of the following purposes (check one):

- Medication to be administered by Bella Mente Academies staff on campus
- Medication to be administered by Bella Mente Academies staff during a field trip or off-campus school activity

Student Name: _____ Date: _____

1. **Medication:** _____ **Parent Initial:** _____

Medication Type (circle one): Pill / Liquid / Inhaler / Injection / Topical / Other: _____

Medication Supplied (e.g., # of pills, mL, inhaler, EpiPen, tube): _____

Special Instructions _____

For Office/Health Staff Use Only:

Authorization for Medication Administration Form on file Staff Initial: _____

2. **Medication:** _____ **Parent Initial:** _____

Medication Type (circle one): Pill / Liquid / Inhaler / Injection / Topical / Other: _____

Medication Supplied (e.g., # of pills, mL, inhaler, EpiPen, tube): _____

Special Instructions _____

For Office/Health Staff Use Only:

Authorization for Medication Administration Form on file Staff Initial: _____

Parent/Guardian Acknowledgement

By signing below, I acknowledge that I am dropping off the medication(s) listed above to Bella Mente Academies.

I understand that medication will be handled and administered, if applicable, only in accordance with a completed and approved Authorization for Medication Administration Form or the procedures of the designated program or activity.

Parent Name: _____ Parent Signature: _____

Staff Member Name: _____ Staff Signature: _____

To be completed upon return

Medication Return Date to Parent: _____ Staff Initial: _____ Parent Initial: _____