



Bella Mente Academies

Medication Student Drop Off Form

Only to be used to accept medication administered by Camp Personnel

Student Name: _____ Date: _____

1. Medication: _____ # of Pills _____ Parent Initial: _____

Special Instructions _____

2. Medication: _____ # of Pills _____ Parent Initial: _____

Special Instructions _____

3. Medication: _____ # of Pills _____ Parent Initial: _____

Special Instructions _____

By signing below, I understand and agree that I am NOT providing permission for Bella Mente Montessori Academy staff to administer medication to my child. I am providing medication for the purpose of transfer only, so that school staff may accept and deliver the medication to camp staff upon arrival.

I understand that all authorization and permission for medication administration must be provided directly to the camp, and must follow the camp's required medication procedures and documentation. Bella Mente Montessori Academy staff will not administer medication at any time.

Parent Name: _____ Parent Signature: _____

Staff Use Only:

Staff Member Name: _____ Staff Signature: _____

To be completed upon return

Date Medication Returned to Parent: _____ Staff Initial: _____