University of California, San Diego
MEDICATION INFORMATION FORM

UCSD MEDICATION AND ALLERGY INFORMATION FORM

**Student Name**  
Age

*Our UCSD Camp Assistant staff is certified in Red Cross CPR and Adult First Aid.*

*Under California law, staff cannot dispense or administer over the counter medications, such as Tylenol, Ibuprofen, antacids, creams, and ointments, as well as any prescription medications, such as antibiotics. In an emergency, UCSD staff will administer CPR and call the UCSD emergency response number, 858 534-HELP.*

☐ I hereby certify that I have read and understand the policy provided above.

Parent Signature  
Date

**THE FOLLOWING INFORMATION IS REQUESTED PER THE RECOMMENDATION OF THE AMERICAN RED CROSS. THIS INFORMATION WILL BE PROVIDED TO MEDICAL PERSONNEL IN THE EVENT OF A MEDICAL EMERGENCY.**

**ALLERGIES** *(for informational purposes only)*

*Please list any allergy to a medicine, food, plant, animal or insect toxin.*

<table>
<thead>
<tr>
<th>FOOD</th>
<th>MEDICATION</th>
<th>OTHER</th>
</tr>
</thead>
</table>

Parent Signature  
Date

**MEDICATIONS** *(for informational purposes only)*

*Provide below a list of all medications your student takes on a daily basis.*

**INSTRUCTIONS**

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>HOW OFTEN GIVEN - WHEN GIVEN</th>
</tr>
</thead>
</table>

Date  
Parent Signature