

Parent/Guardian Form

SUNY Cobleskill



Applicant's Name: _____

MEDICATION MANAGEMENT

Explain the level of support your child needs with daily medication management: _____

If independent, do they have a history of skipping/forgetting their medications? Yes No

If yes, how often? _____

What is your child's process with refilling medications? _____

How do you plan on handling medication management while they are away? _____

HYGIENE/MORNING ROUTINE

Any concerns with daily hygiene? Yes No If yes, please explain: _____

Describe your child's current morning routine and support:
(If not currently in school, please explain how this looked the last time they were on a schedule.)

ADDITIONAL INFORMATION

Please explain any special considerations that we should be aware of in regard to your student, i.e., personal habits; sensory issues; behavioral difficulties; suicidal thoughts, gestures, or attempts; medical conditions; anger management issues; use of illegal substances; and/or the potential for or history of self harm, violence to others and/or property. (Attach additional sheets, if necessary):

PARENT/GUARDIAN INFORMATION

Last Name First Name Middle Initial

Phone Number Email Address Occupation

By signing below, I certify all information is true and correct to the best of my knowledge. Omission to information or false reporting could lead to dismissal after admission.

Parent/Guardian Signature

Date