

# Parent/Guardian Form

SUNY Schenectady



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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