

Student Health Services
100 Institute Road
Worcester, MA 01609
(P) 508.831.5520
(F) 508.831.5953



Request for Storage of Medication(s) at WPI Student Health Services (SHS)

I, _____, request that as a courtesy to me, WPI Student Health Services (SHS) store the following medication in its office or refrigerator (please specify the medication and storage requirements).

Medication and storage requirements: _____

I understand and acknowledge that by storing the medication(s) listed above at SHS, I will only have access to the medication(s) during the following time periods during the academic year: August 1st, 2026 to May 30th 2027 from 8am to 4:30pm Monday-Friday. Please note that SHS is closed during the academic term breaks as well as any official WPI University holidays. As a result, I further understand and acknowledge that I may not have access to the medication when I want because SHS is closed, including university observed holidays.

I understand and acknowledge that I am responsible for picking up my medication(s) both prior to all academic term breaks and at the end of the academic year. Any medication left after the conclusion of D-Term/Spring Semester will be discarded after June 1st, 2027.

I understand and acknowledge that WPI is not responsible for the safe keeping of my medication(s) and I am storing my medication(s) at SHS at my own risk. I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE WPI for any damage to or loss of my medication(s). I understand and acknowledge that WPI is not responsible for the cost of replacing any medication(s) that is lost or damaged.

Student Signature

Date

If the student is under 18 years old:

This is to certify that I, as parent/guardian with legal responsibility for the student named above, do consent and agree to all of the provisions of this Request for Storage and for myself and the student named above.

Parent/Guardian Signature

Date