



ADHD MEDICATION QUESTIONNAIRE

Applicant Name: _____ Course Number: _____

1. What is the applicant's diagnosis?

- Predominantly hyperactive-impulsive
 Predominantly inattentive
 Combined hyperactive-impulsive and inattentive

2. Name of *medication(s): _____

How long has the applicant been taking the medication(s)? _____

3. Does the applicant take this medication: _____

- School Days
 Everyday
 As Needed
 Other: _____

4. **Outward Bound is a school and focus is required. We recommend that applicants taking medications for ADHD bring a supply of that medication to use if necessary.**

Will the medication be brought as recommended above?

- Yes No

5. Describe specific symptoms the medication controls:

6. Other comments:

***If you are taking prescription medication(s), you MUST bring them in ORIGINAL PRESCRIPTION BOTTLES with the physician's dosage directions. If possible, bring a double supply.**

Participants will not be permitted to begin their course without their required medications OR with new medications not approved by our Medical Screener.