

Date _____

Dear Parent/Guardian,

Your child, _____, has the following medication(s) in the school clinic

_____. An adult may pick up medication any time during school office hours, 8:00 a.m. to 4:00 p.m. through June 30. Any medication left at the school after this date will be discarded. County school policy does not permit the storage of medication for the next school year.

If your child will need to have medicine available in the school clinic for the next school year, 20____ - 20____), a parent or guardian should bring it to the school office at the beginning of the school year. At that time you will complete a "Request for Giving Medicine" form. Prescription medication will also require the prescribing physician's signature. I will fax this form to the physician if a name and medical practice are provided.

Sincerely,

School Nurse