



Student Name: _____ Date: _____ Class: _____

Dear Parents/Guardian,

In preparation for the end of the school year, we must coordinate the return of any remaining medication your child has at school. Per Duneland School Corporation policy, medication that is possessed by a school for administration during school hours may be released to the student's parent/guardian or to an individual who is 18 years of age or older and who has been designated, in writing, by the student's parent/guardian to receive the medication. A school may send medication not classified as a controlled substance that is possessed by a school for administration during school hours with a student only if the student's parent/guardian provides written permission for the student to receive the medication. The completion of this form and submission to the school nurse serves as an official written permission.

Medication Returned:	QTY	NAME OF MEDICATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ I will pick up my child's medication by _____ and understand that any medications not picked up on or before Thursday, May 30, 2024 or medications not being forwarded to summer school will be discarded.

_____ Please send my child's medication home no sooner than _____
(Controlled substances cannot be sent home with student)

_____ Please forward my child's medication to _____ school for 2024 summer school

_____ I authorize _____ who is at least 18 years of age to pick up my child's medication on or before Thursday, May 30, 2024

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date