

MEDICATION PICKUP NOTICE

Student Name: _____

DOB: _____

School Name _____ Grade: _____

Date of Notice: _____

IT IS TIME TO PICK UP YOUR CHILD'S MEDICATIONS:

Dear Parent/Guardian,

School administrative rules state that “medications that are out of date or for which parental/medical authorization has expired must be picked up by the parent/legal guardian. Under no circumstances will medication be released to students. When medications are not picked up by the parent/guardian, they must be destroyed.”

Please pick up your child’s medication/s by the date specified below.

- 1. Name of medication: _____
- 2. Name of medication: _____
- 3. Name of medication: _____
- 4. Name of medication: _____
- 5. Name of medication: _____

The medication(s) listed above will be destroyed if not picked up by: _____ (date/time) at _____ (pick-up location). If you are unable to pick up medication by this date, you must make arrangements by this deadline to pick up the medication on an alternate date or your child’s medication will be destroyed.

Please call the school office to make arrangements for picking up the medications.

Thank you,

Print name and title

Signature, title