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***\*\*If the status of your student's health condition has changed and the health plan and/or medication is no longer necessary, please complete this section and return this form to the school.***

**\_\_\_\_\_ My student no longer needs the attached health plan and any medications they may have required to have at school in the past.**

**\*Student Name: \_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**