Milford SCHOOL DISTRICT
HOME of the BUCCANEERS

MILFORD SCHOOL DISTRICT

END-OF-YEAR MEDICATION REMINDER

Student name		**School**	
School year		**Date**	

Dear Parent/Guardian:

As the school year ends, we would like to ***thank you*** for allowing us to care for your child. This is a reminder that your child has medication needs in the school nurse's office. Please indicate below how you would like the medication to be handled as the school year ends.

MEDICATION HANDLING OPTIONS

- ☐ The Parent/Guardian will pick up the medication during the last week of school, *OR*
- ☐ The school nurse has my permission to discard the medication on or after the last day of school. *
- ☐ The school nurse has my permission to send the non-controlled prescription or over-the-counter medication home with my child during the last week of school.
- ☐ My child will require additional doses of medication to finish the school year. I am being asked to and will send the following:

  _____

- ☐ Another adult will be picking up the medication, other than the Parent/Guardian. The adult will bring ID, and their name is:

  _____

PLEASE NOTE: If the medication is a controlled substance, a Parent/Guardian or named adult must pick it up by dismissal on the last day of school or the medication will be destroyed. *

Parent/Guardian signature		**Date**	
Phone numb			

Please sign and return this within 24 hours of receiving this document.

***Abandoned medication will be destroyed in accordance with local, state, and federal laws.**

Thank you,

School Nurse