NOTIFICATION OF MEDICATION DISPOSAL

Student Name:               Grade               Teacher

Current Medication(s) in Clinic:

Dear Parent/Guardian,

As you know, the last day of the school year is rapidly approaching. It is the school’s policy to notify parents/guardians of students who have medication(s) at school to make arrangements to pick up the student’s medication by the last day of school attendance. Medications are not stored in the school building over the summer. Medications may be picked up M-F anytime from 8:15am-3:30pm. Please indicate the day and approximate time in which you would prefer to pick up your child’s medication(s).

_______ I will personally pick up my child’s medication on: ___________________________ at ___________________________  
Date                                Time

_______ I want my child to bring the medication home and I will assume responsibility for the safe transportation of the medication.

__________________________________________  ____________________________  
Signature of Parent/Guardian               Date

Please remember all medication not picked up will be destroyed at the end of the last day of school.

Thank you for your cooperation. For your convenience, a medication form is attached for next school year. Medication forms expire at the end of each school year. Having the medication form completed during the summer will ensure that your child can receive medication on the first day of school.

Sincerely,

__________________________________________
School Nurse