School Health Services

Date: _________________

To the Parent/Guardian of: ____________________________

Name of Medication(s): ______________________________

The end of the school year is quickly approaching! Please remember to pick up your child’s medication in the health office prior to the last day of school. The school is not able to allow your child to bring the medication home.

If your child has a self carry/self administer medication order, please have your healthcare provider complete the enclosed medication form and return it at the beginning of the upcoming school year.

For your convenience in preparing for next year, a medication form is enclosed. Please have it completed by your child’s healthcare provider if your child will be taking medicine in school next year. It also requires a parent signature. New medication permission for each medication is required each school year.

If you have any questions or concerns, please call the Health Office at ___________. We will be available for medication pick-up through school hours on ___________. It is not appropriate for us to keep medication at school over the summer – and this includes inhalers and Epi-pens – so please make arrangements to pick up your child’s medication. Many of these medications are expensive, and we are supposed to dispose of any medication that is not picked up by the last day of school.

All medication left at school will be disposed of as of ___________________________. If you need to make special arrangements to pick up medication, please call prior to the end of school to make arrangements.

Thank you in advance for your cooperation.

________________________________________

School Nurse