

**POMONA UNIFIED SCHOOL DISTRICT
HEALTH SERVICES & PROGRAMS**

TO THE PARENT OF _____ Date: _____

Medication orders must be renewed at the beginning of each new school year. Attached are forms that need to be completed and signed by your child's physician. Your signature is required as well. Please return the forms and the required medication to the school health office on the first day of school.

Your child's current medication must be picked up from the school office by an authorized adult by _____. (Medication cannot be sent home with children). If your child is attending summer school, please pick up the medication by _____. Medication that is not picked up by this date will be discarded.

Please call (909) 397-_____ if you have any questions.

School Nurse

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SECTION 3