

**LETTER TO PARENTS
MEDICATION AT SCHOOL
END OF SCHOOL YEAR PROCEDURE**

TO: Parents/Guardians of _____
FROM: School Health Clinic
DATE: _____
SUBJECT: Medication at School

Your student has medication at school as stated in the Prescriber and Parent Request for the Administration of Medication at School on file in the school clinic.

This medication cannot be sent home with your student.

Therefore, if your student has medication remaining at the end of the school year on _____, you have a choice of either picking up the medication from the school
(Date)
or having it disposed of in the proper manner.

The medication will be disposed of on _____ at _____.
(Date) (Time)

For your information, there are _____ days of school left, and your student has
_____ remaining at school.
(Medication)

If you have any questions or concerns, or need to make plans for picking up the medication, you can call the school at _____ between the hours of _____
(Phone #) (Times)
and ask for the nurse or health aide.

Thank you for your prompt attention and cooperation.