



# IMPORTANT

To: \_\_\_\_\_

Regarding: \_\_\_\_\_  
Student's Name

DOB: \_\_\_\_\_

Grade: \_\_\_\_\_

From: \_\_\_\_\_

This student must receive medication in accordance with school district policy, parent consent, and/or physician instructions. Please advise substitutes and other school personnel involved with this student.

Send student to the office daily at: \_\_\_\_\_

This is in effect until: End of school year \_\_\_\_\_

The medication must be taken on all field trips.

Notify school nurse, school health assistant, or the building secretary at least 3 days prior to any field trip.

If you are not trained to assist with medication administration at school, contact me or the building principal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Cc: Principal

Distribution:

White: Teacher

Yellow: Principal

Pink: Nursing Record