

Dear Parent or Guardian of _____ :

Medication left at school must be returned to the parent/guardian or be destroyed at the end of the school year per district policy. We are asking you to pick up your child's remaining medication before the last day of school. The office hours are 8:00 – 4:00 PM.

Medication(s) remaining at school for your student is/are the following:

Please fill out the bottom of this form and return to the school by the end of the week. If you have any questions, please call me at _____. Thank you.

Health Assistant

School

STUDENT'S NAME: _____

- Yes, I will pick up my student's medications before the last day of school. I understand that the medication will be discarded if I do not pick up the medication by the last day of school.
- Please discard medication on the last day of school.

Parent/Guardian's Name _____

Parent/Guardian's Signature _____