Date: __________________________

RE: Parent Medication Letter- New School Year

Dear Parent/Guardian,

This letter is sent to you as acknowledgement of your request to have your child receive medication during the school day.

Please note, all medications (controlled substance prescription medications, non-controlled prescription medications, and over the counter medications) must be picked up by a parent or guardian, by the last day of school, and/ or, if the child transfers or withdraws to another school. Medications for your child, which remain in the school nurse’s office, will be disposed of on the last day of school.

Should you have any questions, please contact your school nurse.

Thank you,

School Nurse