



**Healthy Children
Learn Better**

School Health Services
Medication Pick Up End of School Year

Student's Name

Date of Birth

Name of School

Grade

Date: _____

Dear Parent/Guardian:

Thank you for allowing me to help with meeting your child's health needs at school. The end of the school year is almost here. We are making preparations for closing the Health Office.

Based on the amount of medicine that your child has at school, your child will have medicines left over at the end of the school year. We do not store medicines at school over the summer.

For safety reasons, we do not send medicines home with students. A parent/guardian must pick up the medicines before the end of the school year. If your child's medicine is not picked up, I will have to destroy it.

Please stop by the Health Office to pick up your child's medicine. If you need special arrangements, please call me. My telephone number is listed below.

Name of Medicine: _____

Please pick up by: _____

(If medication is not picked up by the date above, I will have to destroy it.)

Thank you for allowing me to serve your child.

Sincerely,

School Nurse's Signature

School Nurse's Phone Number

School Nurse's Name (Print)

7/9/09