



**Healthy Children  
Learn Better**

School Health Services  
Notice of Discontinued or Expired Medicine

\_\_\_\_\_  
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.

We have medication at the school for your child that:

was discontinued by your child's health care practitioner.

has expired. Instructions for proper disposal of medications at home are attached.

For safety reasons, we do not send medicines home with students. A parent or guardian must pick up the medicines. 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 the 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