

SAMPLE

Parent Letter
Leftover Medications

Date: _____

Student: _____

Medication: _____

Dear Parent:

The end of the school year is fast approaching. We want to ensure that your student's leftover medication is safely returned to your home. Please make arrangements to pick-up the medication at school. Any medication left in the building after _____, will be destroyed.

If your child needs to take medication during school hours next school year, please have your health care provider complete the attached medication authorization form before school starts in the fall. Note that both a parent signature and a licensed health care provider signature are required. Bring the completed medication authorization and the medication in a properly labeled container when school begins in the fall.

Thank you for your help. Enjoy the summer.

School Nurse
(Phone)