

**ON SCHOOL LETTERHEAD**

DATE:

**STUDENT MEDICATION / MEDICAL NEEDS~ SEPTEMBER START-UP**

Dear Parent(s)/Guardian(s):

Welcome to \_\_\_\_\_ Catholic (Elementary/Secondary) School. To be prepared for your child's medical needs on his/her first day of school, we request that you complete the attached medical/health care forms for the \_\_\_\_\_ **school year**. Please return these forms to the school **during the week of August (day) \_\_\_\_\_, (year)** prior to your child beginning school.

Accompanying these completed forms, please provide:

1. **Three (3) copies of a recent clear photograph (1"x2" or 2.5cm x 5 cm) of your child**
2. **Updated medication for the \_\_\_\_\_ school year in a Ziploc® bag that is clearly labeled with your child's name.**
3. For **PRESCRIBED** medications, complete MEDS.1-P form (Request and Consent for the Administration of Prescribed Medication) **PRIOR** to your child's first day in September \_\_\_\_\_ (year).

Please understand that at the beginning of the school year, parents assume complete responsibility for the administration of the medications their children require until such time as all of the requirements of #3 above are satisfied in full.

Should you have any questions regarding the administration of medication, by school staff, please make an appointment to see the principal **during the week of August (day), -----(year)**, prior to your child beginning school.

Thank you in advance for your cooperation regarding the safe provision of medication and the information pertaining to your child. Their safety and the safety of all other students is our first priority.

Sincerely,

Principal

Vice-Principal