

ON SCHOOL LETTERHEAD

DATE:

**STUDENT MEDICATION ~ YEAR END PICK-UP
& MEDICAL CONDITIONS SEPTEMBER START-UP.**

Dear Parent(s)/Guardian(s):

Given that the school year is drawing to a close, please assist us by addressing the following items:

- A. If we currently hold medication for your child, please note that it **must be picked up by dismissal** (_____ p.m.) **on Friday, June _____, _____**. We do not store medications over the summer.

**Medication or any other medical apparatus (i.e. AeroChamber®, EpiPen®),
which is not picked up will be sent home with your child at dismissal.**

For safety reasons, please immediately inspect your child's backpack for medications upon arrival at home.

- B. Attached, you will find **pre-populated** health care forms for the _____ school year. Please review, and verify, the information found on these forms and revise ANY pertinent information **directly on the form**. These forms **MUST be completed and returned to the school during the week of August (date), _____ (year)**

Please **DO NOT** return the new forms package prior to the end of the current school year (June _____, _____).

Accompanying these completed forms, please provide:

1. **Updated medication for the _____ school year in a Ziploc® bag that is clearly labeled with your child's name.**
2. 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 _____.

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 #2 above are satisfied in full.

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