Dear Parent/Guardian

As the school year ends, I would like to THANK YOU, for allowing this nurse to care for your child. It has been a pleasure and joy.

This is to remind you that your child has medication in the nurse’s office. Please indicate below how you would like the medication to be returned.

\_\_\_\_\_The parent/Guardian will pick up the medication the last week of school.

\_\_\_\_\_The nurse has my permission to send home the medication with my child the last week of school.

PLEASE NOTE:

IF THE MEDICATION IS A CONTROLLED DRUG, THE PARENT/GUARDIAN WILL HAVE TO PICK UP

Parent sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to the nurse within 24 hours after receiving this notice.

If I do not hear from you. The medication will be disposed.

Thank You

Jackie Wolfe, RN, BSN