

Disposal of Medication(s) Notification Letter

Dear Parent/Guardian:

Your child _____ has unused medication(s) in the school office/clinic. Please provide instructions as to what you would like us to do with it.

Please check one:

I will pick up at school.

Signature

I authorize the school to dispose of the medication(s).

Signature

*****ALL MEDICATIONS NOT PICKED UP BY THE LAST DAY OF EACH SCHOOL YEAR WILL BE DISPOSED OF.**

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE