



Medication Pick up Notification

Student Name:	Date:
School:	Grade:

Dear Parent/Guardian:

Please contact the school's health room and make plans to pick up your child's medication and/or supplies.

Please remember to pick up remaining medication at the end of the school year. The medication/treatment supplies will need to be picked up no later than the last day for students.

Medication/treatment supplies: _____ has an expiration date of ___/___/___ and needs to be picked up from the health room no later than 1 (one) week after the medication's expiration date. This medication will need to be replaced for it to be administered at school. Once the medication is past the date of expiration, the medication cannot be given.

Medication/treatment supplies have been discontinued per Physician's order or was found on your child without having a Physician's order. Medications/treatments supplies will need to be picked up with 1 (one) week following termination of order or we must receive the Physician's order within 1 (one) week.

If the medication is not picked up in the appropriate time frame, which is 1 (one) week past the notification date, the medication will be disposed of per SLPS Policy.

Thank you for your prompt attention to this important notification. Please contact your school's health paraprofessional if you have any questions.

Health Paraprofessional Name: _____

Office Phone Number: _____