

## LETTER TO PARENTS MEDICATION POLICY

**TO:** Parents/Guardian of \_\_\_\_\_  
**FROM:** School Health Clinic  
**DATE:** \_\_\_\_\_  
**SUBJECT:** Medication Policy

To protect your child's safety, the school nurse and/or health aide will adhere to the following medication policy. It is required that **BOTH** the parent **AND** physician signatures are on file before any prescription **OR** non-prescription medication is administered. This includes all medications including such over-the-counter products as Tylenol, Advil, Dimetapp, etc.

Although this may cause some inconvenience, we feel that this policy is best for the continued protection of your child, and must be followed. **If we do not have your written permission and the written permission of your physician, the medication will not be given.** Permission forms can be obtained by contacting your school nurse or health aide.

In order for your child to receive any medication at school, please conform with the following:

- A written request must be obtained from the physician and the parent/guardian. This request must include the name of the medication, dosage, time it is given during school hours, and duration. Forms are available at the school.
- The medication must be in its original container and, and if an over-the-counter medication, the bottle must be new with an unbroken seal. All medications must have a fixed label which indicates the student's name, name of medication, dosage, method of administration, time of administration and time interval of dosages.
- When the empty prescription bottle is returned to you, please bring the refill to school promptly.
- The medication and the signed permission form must be brought to the school by the parent or guardian.
- Please include a photo of your child with the permission form.
- New Request forms must be re-submitted each school year, and are **necessary for any changes in medication orders.**
- If your child is taken off medication or will no longer receive it at school, please put your request in a dated, written note as soon as possible, accompanied by a physician's signed order to discontinue the medication. If the medication is not picked up by parents from the health aide or school office within 30 days, it will be properly disposed of.
- A signed Physician and Parent Request for the Administration of Medication by School Personnel is required in order to dispense medication.

Please contact the building principal or school nurse if you have any questions. Thank you for your cooperation.

## LETTER TO PARENTS MEDICATION DEPLETION

TO: Parents/Guardians of \_\_\_\_\_  
FROM: School Health Clinic  
DATE: \_\_\_\_\_  
SUBJECT: Medication Depletion

This is to inform you that your child has \_\_\_\_\_ days until his/her medication is depleted. Your child's education is vital, and his/her medication plays an important role.

**Please remember that students may not bring medication to school.**

Please bring in medication before \_\_\_\_\_.

Thank you for your prompt response to this request.

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