END OF YEAR NOTIFICATION FOR MEDICATION PICKUP

May 2013

Dear Parent or Guardian of ________________________________,

As the end of the school year approaches, I’d like to take this time to remind you to pick up your child’s medication the last week of school. By school policy I am required to discard/destroy all remaining medication whether nonprescription or prescription which has not been taken home. The school cannot store any medication for the following school year.

As a reminder for next year:

1. All nonprescription medication must be in the original bottle/package, with the child’s name clearly marked on the container. All prescription medication must be in the original pharmacy container with correct information on the label. If half tablets are to be given, the parent will be responsible for sending the medication in that form. If liquid medication is to be dispensed, please provide a medicine cup to measure and administer.

2. All medication, prescription or nonprescription, must be accompanied by a “Request for Medication Administration during School Hours” form, with parent/guardian’s signature. Prescription medications will also require a physician’s signature. Parents are responsible for morning & afterschool doses; the school will only take responsibility for the mid day dose. Medications will only be administered at school the specified times noted on the form. Any changes in dose, time or medication will require a new form, & a new container with the corrected pharmacy label.

3. The above rules still apply to any medication a student may need to carry with them, such as Epipens or inhalers. Both the medication & the medication form must be checked in at the Nurse’s Office at the beginning of the year. The physician must check “yes” on the form stating “Student may carry medication for Emergency purposes”. *School policy mandates that Emergency medications (Epipens etc.) are accessible on the first day of school.

A copy of the Medication Administration form is attached for your convenience. Medication administration forms must be renewed annually.

Thank you for your cooperation. Have a wonderful summer!

Medication: _______________________________________________________

Sincerely,

Silvana Guido RN, BSN
Bradford School Nurse
Phone: 262-359-6206
Fax: 262-359-6173