

END OF YEAR PARENT/GUARDIAN MEDICATION PICK-UP NOTICE

Date: \_\_\_\_\_

Re: \_\_\_\_\_

Medication: \_\_\_\_\_

Dear Parent/Guardian:

We are making plans to close out the year. This includes seeing that the medication your child may have left over will get home in a safe manner. Please make arrangements to **pick up** the medication at the cooperative program office. Any medication left after \_\_\_\_\_ will be destroyed.

If your child needs to take medication during program hours next year, please have your health care provider complete the attached form before the program resumes in the fall. Bring the completed medication authorization and the medication in a properly labeled container in the fall.

Thank you for your cooperation.

School Nurse/Program Administrator

Attachment: Form 3416-F1, *Authorization for Administration of Medication in Cooperative Programs.*