

Form JGCD-5

*Empowering Dreams for the Future*

**DISPOSAL OF MEDICATION NOTIFICATION LETTER**

|  |  |
| --- | --- |
| Date: |  |

Dear Parent:

|  |  |  |
| --- | --- | --- |
| Your child |  | has unused medication in the school clinic. Please |

sign your name on the line of one of the choices below instructing us as to what you would like us to do with the unused medication.

1. I will pick up the medication on or before the last day of school.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature

**OR**

1. I authorize the school to dispose of the medication.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature

If you do not return this form to notify the school of your intent, or you do not pick up the medication as indicated on this form, then all medication not picked up by the end of the school year will be disposed of on the last day of school.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse’s Signature

|  |  |
| --- | --- |
| Clinic Hours: |  |

|  |  |
| --- | --- |
| Clinic Phone: |  |