



## MEDICATION PICK-UP

**June 2018**

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

Dear Parents,

In preparation for your child's last day of school, I am requesting that you make arrangements for getting his/her medication home safely from school.

**\*\*\*ALL medications must be picked up by Parent/Guardian\*\*\*  
\*\*\*no medication will be sent home in book bags\*\*\***

**Any medication not picked up by June 15<sup>th</sup> will be disposed of.**  
(last day of school)

Link for the NPSD Medication Administration form for next year's medication is:

[https://drive.google.com/file/d/0BwPb\\_gDqZ8m5VllRTTdJZGVTazg/view?usp=sharing](https://drive.google.com/file/d/0BwPb_gDqZ8m5VllRTTdJZGVTazg/view?usp=sharing)

Please submit these signed and completed forms with the medication on the 1<sup>st</sup> day of the next school year.

Please be aware that all prescription medication requires your signed authorization to administer **and an updated Physician's order**. All medication must come in original packaging as received from the pharmacy. No medication will be accepted without an updated order and parent permission.

Thank you for your attention to this very important matter. Please contact me with any questions or concerns.

Have a healthy & fun summer.

*Linda O'Rourke, RN, CSN*

*Nash Elementary School*