



Dear Parent/Guardian,

Your student, \_\_\_\_ (insert name) \_\_\_\_\_ is in need of more of their medication to be brought into school. Please note that medication cannot be sent with the student. Medication needs to be brought into school by an adult, and in a properly labeled medication bottle. If you have any questions or concerns please contact \_\_\_\_ (insert school contact information) \_\_\_\_\_.

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Time(s) to be Administered: \_\_\_\_\_

Thank you~  
(insert signature, school name, contact information)

