

Health Network for Rural Schools Parental Notification of Medication Needs

Date: _____

Dear Parent/Guardian: _____,

This letter is to inform you that: _____ DOB: _____
Student Name

____ 1. Your student did not take his/her medication today for the following reason(s):

- Prescription medication cannot be given without physician's signed instructions or a pharmacy label.
- No medication (including over-the-counter) can be given without parent's written permission and instruction.
- Student did not come to the office/health room for medication at the designated time.
- Medication refill not yet returned to school. Bottle sent home _____.
(Date/time)
- Other _____

____ 2. Your student is now out of medication: _____
The container is being returned to you.

____ 3. Your student is low on _____ medication.
Please provide a refill as soon as possible.

____ 4. Parent contact attempted _____
Date/Time

____ 5. Comments: _____

Signature and Date

Please contact your school office if you have any further questions as soon as possible.
Thank you for your prompt response.