

<b>VALLEY CITY PUBLIC SCHOOL DISTRICT #2</b>  <b>VALLEY CITY, NORTH DAKOTA 58072</b>  <b>MEDICATION PICKUP NOTICE</b>	<b>Descriptor Code</b> <b>ACBD-E10</b>	<b>1<sup>st</sup> Reading</b> <b>8/9/18</b>
	<b>Adopted</b> <b>8/9/18</b>	<b>Revised/<del>Rescinded</del></b>

### MEDICATION PICKUP NOTICE

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

DOB: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Notice: \_\_\_\_\_

### ***IT IS TIME TO PICK UP YOUR CHILD'S MEDICATIONS:***

Dear Parent/Guardian,

School administrative rules state that "medications that are out of date or for which parental/medical authorization has expired must be picked up by the parent/legal guardian. Under no circumstances will medication be released to students except medication that a student is authorized to carry. When medications are not picked up by the parent/guardian, they must be destroyed."

Please pick up your child's medication/s by the date specified below.

1. Name of medication: \_\_\_\_\_

2. Name of medication: \_\_\_\_\_

3. Name of medication: \_\_\_\_\_

4. Name of medication: \_\_\_\_\_

5. Name of medication: \_\_\_\_\_

The medication(s) listed above will be destroyed if not picked up by: \_\_\_\_\_  
 (date, time) at \_\_\_\_\_ (pick-up location). If you are unable  
 to pick up medication by this date, you must make arrangements by this deadline to pick up the  
 medication on an alternate date or your child's medication will be destroyed.

Please call me to make arrangements for picking up the medications. I can be reached at:

\_\_\_\_\_

Thank you,

\_\_\_\_\_  
 Print name and title

\_\_\_\_\_  
 Signature, title