



Health Services
Instruction Department

Parent/Physician Authorization Reminder

Date: _____

Dear Parent/Guardian:

Our records indicate that during the past school year your child, _____ ,
received the following services while at school:

_____ Medication

_____ Specialized Health Care Procedure

_____ Inhaler (to be kept on his/her person)

_____ Other

Please be reminded that in order to provide this service, a new written authorization from your child's physician is required each school year. All prescription bottles must be current for the year and any left over medication must be picked up by the last day of school. Otherwise the medication will be discarded.

For your convenience, a blank authorization form is attached for completion by your child's physician and your signature.

Your cooperation is greatly appreciated.

Sincerely,

School Nurse

School Principal

School Name

School Phone #