



Health Services

Teacher's Medication Note

Date: _____

To: Teacher

From: School Nurse

_____ has medication at school that needs to be given at _____.

Please assist him/her in remembering to come to the office.

Medication **does not** need to be picked up after school.

Medication **does** need to be picked up after school.

Thanks.

BISD Form IX I, 6/09



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