

## **Canyons School District Nursing Services**

Date \_\_\_\_\_

To the Parent/Guardian of \_\_\_\_\_

As the end of the school year is approaching, we want to remind you to arrange to pick up your child's medication at school. The medication cannot be sent home with your child or a sibling.

Please pick up your child's medication prior to \_\_\_\_\_ at the school office. Medications left at the school after two (2) weeks from the above date will then be destroyed per Canyons District policy.

Enclosed is a new *Medication Authorization* form to be filled out for the coming school year if your child will need medication during school hours. As a reminder, each medication needs a separate *Medication Authorization* form.

Thank you for your cooperation.