

Mt. Pleasant Central School District  
Thornwood, N.Y. 10594

**End of Year Medication Pick-Up Information**

Dear Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Medication \_\_\_\_\_

The end of the school year is quickly approaching! All unused medications must be picked up by the end of the school year. Unless your child has current permission to self-carry their medication, the school cannot allow your child to bring the medication home themselves. If you need to make special arrangements to pick up medication, please call to make arrangements. Medications not picked up, will be discarded on Friday June 22, 2018.

**Important Information to keep in mind for next school year:**

- New medication forms for both prescription and over-the-counter (OTC) medications must be signed every year by a health care provider and parent/guardian.
- Medication must remain in the properly labeled pharmacy or original OTC container.
- The parent/guardian is responsible to have the medication delivered directly to the school in a properly labeled original container by an adult.
- If your child has rescue medications for respiratory conditions, epinephrine auto-injector, or insulin, glucagon, and related diabetes supplies, there must be a provider written permission which includes an attestation that the student has demonstrated the ability to self-administer and written parent/guardian consent. For other conditions, your child **may** be able to self-carry and self-administer, but will need written permission from both you and your provider.

We request that you ask your pharmacist to give you a **second identically labeled container** for any prescription medications your student will take at school. We also request that you bring **small containers of any OTC medications** that your child will take. This will allow the School Nurse to send these medications on field trips and comply with New York State laws pertaining to medication storage. Medication forms are available on the district/school web site or may be obtained from the school health office. Your healthcare provider may use their own form if desired.

Thank you in advance for your cooperation,

School Nurse: \_\_\_\_\_ School: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_