

Heath City Schools
End of Year Medication Return Form

To the parent of _____ School _____

In preparation for the closing of the school year, we need to make arrangements for the safe return of your Child's medication. Please check below which you would prefer us to do with your child's medication. **Please remember that Controlled medications have to be picked up by a parent.** Any medication left after the close of the school year (5/25/2023) will be disposed of.

_____ pick up medication on last day of school (5/25/2023)

_____ I give the school permission to send medication home with my child, you the parent will assume all responsibility for the medication after it leaves the school clinic.

_____ I request that the school dispose of any medication remaining.

Parent/Guardian Signature: _____ Date: _____

Please return the form as soon as possible. Again if medication is not picked up on the last day of school (5/25/2023). I will then take the medication and dispose of it.

Thank you for assistance,
Michelle Johnson BSN RN LSN
Heath City Schools District Nurse
740-238-7115

Office use only:

Name of medication(s): _____

Disposition of medication: _____

Signature of person taking the medication: _____

Signature of clinic staff: _____ Date: _____