



Clarksville-Montgomery County School System HEALTH SERVICES

MEDICATION EXPIRATION / COMPLETION NOTICE

Student's Name: _____ Date: _____

Name of medication(s): _____

☐ Will expire / Has already expired on _____.

Please pick up expired medication within 14 days of the date of this letter or the medication will be disposed of per CMCSS policy HEA-A006. Medication **will not** be sent home with your student. If medication is already expired, it **will not** be administered to your student, so it is important to bring in additional medication as soon as possible.

☐ Treatment is complete.

Please pick up medication, or bring an updated physician's order within 14 days of the date of this letter or the medication will be disposed of per CMCSS policy HEA-A006.

☐ End of school year.

Medication **will not** be sent home with your student. All medications must be picked up by an adult listed on your student's emergency contacts list by the last day of school. *If your student is attending summer school at their assigned home school, their medication will remain in the nurses' clinic until the last day of summer school. **All medications not picked up by the last day of school/summer school will be disposed of per CMCSS policy HEA-A006.**

☐ No Physician Order

Medication **will not** be administered to your student without a completed medication authorization form (HEA-F062) on file. Medication **will not** be sent home with your student. It is the parent/guardian's responsibility to either pick up the medication or bring the completed authorization form within 14 days of date of this letter, or the medication will be disposed of per CMCSS policy HEA-A006.

(School Nurse)

(Date)