



Dear Parents/Guardians:

During the 19-20 school year, your child \_\_\_\_\_ had a prescription(s) written by their doctor for:

Inhaler for asthma	Epipen for severe allergy
Medication taken daily	Other (explain)

Other: \_\_\_\_\_

**Please take the attached School District of Philadelphia form (MED-1) to your child’s doctor to complete prior to the start of school and return the completed form to the school nurse.**

**By completing this activity during the summer months, the Certified School Nurse will be prepared for the first day of school should your child require the medication.**

**A written order from your child’s doctor and parent permission must be supplied to the health room every year to administer the medication or obtain the food substitution in school.**

\_\_\_\_\_ the medication your child has in the health room now will be sent home at the end of the year with student

\_\_\_\_\_ the medication your child has in the health room now must be picked up by Parent/Guardian by June 4, 2020 or the medication will be discarded as stated on the Medication form (MED-1).

Thank you for working with the Certified School Nurse to ensure proper care of your child for the coming school year.

\_\_\_\_\_  
Certified School Nurse

\_\_\_\_\_  
Phone number