

Date: _____

Dear Parents of _____,

This letter is to inform you that the medication you currently have at _____, for your student, has an expiration date of _____. This means that the medication may *not* be administered by school staff. Please bring *unexpired* medication to the school office and pick up the old one. Medications may *not* be sent home with students.

Medications that are not picked up within two (2) weeks, from the above date, will be disposed of per Ogden City School District Policy.

Please call the school office or the district nurse if you have any questions.

Thank you for your cooperation.

District Nurse
Ogden City Schools