



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 bring in additional medication as soon as possible.
- Treatment is complete.
- End of school year.

You may come in to collect the expired or unused medication at your convenience. If medication has not been picked up within 14 days of the date of this letter, it will be properly disposed of. Any leftover medication at the end of the school year will also be disposed of, if not picked up by the end of the last day for students of the school year. Please understand that if the medication is expired, it **will not** be given to your child, so it is important to bring in additional medication as soon as possible. Thank you!

(School Nurse)

(Date)