



REMINDER OF MEDICATION SHORTAGE

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

Dear Parent/Guardian of : _____

I wanted to let you know that I only have ____ pills for your child at school.

The medication he/she is currently taking at school is _____.

The last dose available to be given will be administered on _____.

Please remember School District policy states that no medication can be transported on the school bus and it must be brought to the school by the parent or your adult representative.

If you have any questions, please call me during school hours at _____.

Date

School Nurse Signature

HEALTH FORM 109 REV:09/19/2022



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