



Reminder of Medication Shortage

Health Services | Special Education Office
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99654
P (907)-761-9221 | F (907) 761-4078

Dear Parent/Guardian of: _____.

I wanted to inform you only ____ doses of _____ medication/dosage remain for your child at school. The last available dose will be given on _____. Per School District policy, medication cannot be transported by students and must be delivered by a parent or adult representative. **School nurses will only accept medication in a new, properly labeled prescription bottle and must count the medication with you.** To ensure accurate dosing, please request a second, properly labeled prescription bottle from your pharmacist for school use. It is recommended that your healthcare provider prescribe the school dosage separately to prevent confusion with at-home doses.

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

Thank you, kindly,

School Nurse

Date



Reminder of Medication Shortage

Health Services | Special Education Office
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99654
P (907)-761-9221 | F (907) 761-4078

Dear Parent/Guardian of: _____.

I wanted to inform you only ____ doses of _____ medication/dosage remain for your child at school. The last available dose will be given on _____. Per School District policy, medication cannot be transported by students and must be delivered by a parent or adult representative. **School nurses will only accept medication in a new, properly labeled prescription bottle and must count the medication with you.** To ensure accurate dosing, please request a second, properly labeled prescription bottle from your pharmacist for school use. It is recommended that your healthcare provider prescribe the school dosage separately to prevent confusion with at-home doses.

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

Thank you, kindly,

School Nurse

Date