

**DELAWARE CITY SCHOOLS**

PARENT/GUARDIAN NOTIFICATION OF MEDICATION USAGE

Date: \_\_\_\_\_

Dear Parent/Guardian of \_\_\_\_\_:

- A. Your child has \_\_\_\_\_ pills left. Please send a refill.
- B. We regret that we were unable to administer your child's medication today because of the following conditions:

- \_\_\_\_\_ Medication was not available. Please refill bottle.
- \_\_\_\_\_ Medication was not in its original container.
- \_\_\_\_\_ No complete Request to Administer Medication Application on file.
- \_\_\_\_\_ Child unwilling to take medication.

Ohio School Law permits personnel to administer medications to children during school hours providing parents comply with specific guidelines.

Thank you for your prompt attention to this request.

Sincerely,