



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.
- No Physician Order

Please come in to collect the expired or unused medication. If medication has not been picked up within 14 days of the date of this letter, it will be properly disposed of. Medication will not be sent home with your child. 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 of the school year for students. Please understand that if the medication is expired or does not have a physician order, it **will not** be given to your child, so it is important to bring in additional medication or an order as soon as possible. Thank you!

(School Nurse)

(Date)