

# STEWART COUNTY SCHOOL SYSTEM

## Parental Notice of Medication Refill Needed

Date \_\_\_\_\_

Dear Parent/Guardian,

Your child, \_\_\_\_\_ has a \_\_\_\_\_ day supply of the medication \_\_\_\_\_ left at school. If he/she needs to continue taking this medication, please bring us a new supply within the week. Please remember, if the dose changes, we will need a new Medication Authorization form as well. Please call if you have any questions.

Sincerely,

Patti McDonald, LPN

School Nurse