Date: [Date]

To: Parents and Guardians of [Student Name]

Subject: Daily Medication Administration Requirements for School Return

Dear Parent/Guardian,

As [Student Name] prepares to return to school, we would like to outline the requirements for the administration of daily medication during school hours. To ensure the safety and well-being of your child, the following protocols must be completed before any medication can be accepted or administered:

- **Physician's Authorization:** A signed Medication Authorization Form from a licensed healthcare provider is required for both prescription and over-the-counter medications.
- **Parental Consent:** A signed consent form from a parent or legal guardian must be on file.
- **Original Packaging:** All medication must be delivered to the school office in its original pharmacy-labeled container. We cannot accept medication in plastic bags or unlabeled bottles.
- **Delivery:** For safety reasons, medication must be delivered to the school by an adult. Students are not permitted to carry medication in their backpacks (unless specific "Self-Carry" authorization is provided for inhalers or EpiPens).
- **Supply:** Please ensure the school has a sufficient supply of the medication. It is the responsibility of the parent to monitor expiration dates and refill supplies as needed.

Please drop off the required forms and the medication at the school health office on or before [Date].

If there are any changes to your child's dosage or medication schedule during the school year, a new physician's order must be submitted immediately.

Thank you for your cooperation in keeping our students safe.

Sincerely,

[Name of School Nurse/Administrator]
[Title]
[School Name]
[Phone Number]