Date: [Insert Date]

To: [Name of Teacher/School Nurse/Caregiver]
From: [Parent/Guardian Name]
Subject: Daily ADHD Medication Administration for [Child's Name]

Dear [Recipient Name],

This letter is to confirm the medication requirements for [Child's Full Name], born on [Child's Date of Birth], for the treatment of ADHD during school hours.

Medication Details:

- **Medication Name:** [Insert Drug Name]
- **Dosage:** [Insert Dose, e.g., 10mg]
- **Administration Time:** [Insert Time, e.g., 12:00 PM]
- **Route:** Oral

Special Instructions:
[Insert instructions, e.g., Take with food, or "None"]

Emergency Contact Information:
Parent/Guardian: [Phone Number]
Prescribing Physician: [Physician Name] - [Physician Phone Number]

I have provided the medication in its original pharmacy-labeled container. Please notify me if there are any changes in behavior or if the supply is running low.

Thank you for your assistance.

Sincerely,

[Your Signature]
[Your Printed Name]