

Jefferson County Public Schools  
**Medication Disposition Notice**  
**Important – Please Read Immediately**

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

Medication(s): \_\_\_\_\_

Your child's supply of medication is:  
running low  
depleted, needs a refill  
expiring soon

Your child's medication needs to be picked up (for end of school year) by

\_\_\_\_\_

Date

Your child's medication was not given on \_\_\_\_\_ because:

Date

**Reason Medication Not Given**

**Comments**

Incomplete (student spit out, vomited, etc.) \_\_\_\_\_

Student refused to take medication \_\_\_\_\_

Expired Medication: \_\_\_\_\_

Medication was not in its original container and/or labeled appropriately by a pharmacy or physician. Your pharmacist can supply you with a labeled pharmacy bottle.

Other \_\_\_\_\_

If you have any questions, please contact the school office at \_\_\_\_\_.

Sincerely,

Principal