



Student Wellness Services

9361 S 300 E

Sandy, UT 84070

Date: _____

To the Parent/Guardian of _____,

As the end of the school year is approaching, we want to remind you to arrange to pick up your child's medication from school. Medication must be picked up by a parent or guardian and cannot be sent home with your child or a sibling.

Please pick up your child's medication from the school office on _____. Medication left at the school after one (1) week from the above date will then be destroyed per Canyons District policy.

Enclosed is a new *Medication Authorization Form* to be filled out for the coming school year if your child will need medication during school hours again next year. As a reminder, each medication needs a separate *Medication Authorization Form*.

Thank you for your cooperation.