

**Intermediate School District 917**  
**Medications and Controlled Medications Disposition to Parent/Guardian**

Student \_\_\_\_\_

Today's Date \_\_\_\_\_

Dear Parent,

- Your child is being sent home with his/her remaining medications that you provided.

Any medications that become unwanted, expired or unused in the home pose safety and health threats. Some of the problems can be abuse or poisoning. Medication flushed down the drain or disposed of in the trash *can contaminate bodies of water, harm wildlife and end up in the drinking water supply.*

All medications are recommended to being disposed of properly. In Dakota County, there are drop locations at three different locations.

- Additionally, your child has a medication that is considered a medication that needs to be accounted for (controlled substance).

School personnel have done either of the following for safe return of the controlled medication(s) to your possession:

- We have notified you and you have indicated that you will pick up the medication from school before \_\_\_\_\_ (date and time).
- We have called you and informed you what medication is being sent (name of medication/s) and amount of each medication.

**School personnel are providing this form along with the medication so that you can verify medication(s) were received at home by calling:**

- Joan Asmus, Licensed School Nurse at 651-423-8493  
 Sayra Maberry, Licensed School Nurse at 612-743-6716  
 \_\_\_\_\_, Licensed School Nurse 651-423-8130

Medication Sent \_\_\_\_\_ Amount of tablets \_\_\_\_\_

Medication Sent \_\_\_\_\_ Amount of tablets \_\_\_\_\_

Verified by \_\_\_\_\_ Health Staff (signature)

Second verification for controlled substance by \_\_\_\_\_

**Please dispose of all medications in recommended drop boxes in Dakota County.**  
**For further information, please contact: Dakota County Sheriff's Office at 651-438-4710 or visit [www.dakotacounty.us](http://www.dakotacounty.us) and search 'medication disposal.'**

*For office use only:*

\_\_\_\_\_  
Parent/Guardian returned call with verification

\_\_\_\_\_  
Medication NOT sent home, disposed of by \_\_\_\_\_ LSN

\_\_\_\_\_  
Medication not picked up, disposed of by \_\_\_\_\_ LSN

School personnel co-witnessing disposal \_\_\_\_\_ Date \_\_\_\_\_