

Medication Disposal Information

Sample Letters

End of Year Disposal of Durable Medical

**Supplies and Equipment Information
and Form**

Prescription and Over the Counter Medication Disposal Form

Tennessee State Department of Health and Education Guidelines require that schools have safety measures in place to safeguard medication in the school setting.

At the end of the school year left over medication must either be picked up by a parent, guardian or other responsible adult or disposed of since there are no provisions in place to safeguard medication over the summer.

It is the responsibility of the school staff to notify a parent in writing or by phone a minimum of three (3) times to inform them that there is excess medication at school, and provide an opportunity for a parent/guardian to pick up excess medication before the end of the current school year.

Medication that is left at school at the end of the school year will be disposed of according to the procedure outlined below.

Prescription and Over the Counter Medication Disposal Procedure

- Contact parent a minimum of three (3) times in writing or by phone before the end of the current school year
- Document the date and method of each contact on the medication disposal form
- If after three(3) contacts the parent or guardian does not indicate a time to pick up the medication it must be disposed of
- Document the name of the medication, the dose and the amount of medication being disposed of on the medication disposal form
- Two(2) school staff must be present when medication is disposed of and co-sign the medication disposal form to verify the type, dose and amount of medication being disposed of
- Black out the name of student, medication and prescription number on the pharmacy label before discarding the bottle
- Double bag pharmacy bottles that are being disposed of
- Attach the completed medication disposal form to the student's MAR sheet in the medication binder

**Germantown Municipal
School District**

Health Services

Sample Parent Letter

Disposal of Student Medication at End of School Year

Date _____

To the Parent or Guardian of _____

Your child has medication(s) at school, since we do not have the appropriate storage or personnel in the building for most of the summer, we request that you pick up the medication not later than the last day of school.

All medication, Prescription and Over the Counter that remain on the last day of school will be discarded. If you need or want to make other arrangements please call the school office as soon as possible. We are anxious to work with you and thank you in advance for your cooperation.

Please feel free to call if I can assist you in any way at _____

Title _____

Germantown Municipal School District Office of Coordinated School Health

Health Services

Prescription and Over the Counter Medication Disposal Form

Use a separate form for each medication

Please review the medication disposal guidelines

Print the name of the medication from the pharmacy label

School _____ School Year _____

Student Name _____ Name of medication _____

Dose of medication administered _____ Purpose of the medication _____

Was parent notified to pick up medication – Yes No

If yes, how many parent contacts were made- # _____

Indicate what type of contacts were made - in person # _____ phone # _____ letter _____

Amount of medication destroyed _____ Date _____

When disposing of medication two (2) adults must verify the process.

Signature 1. _____

Signature 2. _____

Prescription Medication: (Circle the form of medication)

- Inhaler Epi Pen Diastat Insulin Insulin Pen
 Pills Liquid Tablets Capsules Solu Cortef
 Topical Eye Drops Eye Ointment Ear Medication

Other:

Over the Counter Medication: (Print the name of the medication from the manufacturer's label)

Year End Disposition of Durable Medical Supplies and Equipment Sample letter
and Form

Dear Parent/Guardian:

You have indicated that your child needed to have the following supplies and/or equipment at school this year.

Please be advised that it is the end of the school year and there are no provisions to safe guard the equipment over the summer and no way to guarantee the supplies or equipment will be at school when your child returns in August.

Durable medical supplies and equipment are expensive and often difficult to replace. It is our goal to return your child's supplies and equipment to you. Please notify the school office and make arrangements to pick up the equipment before _____.

We have the following equipment at school (circle the appropriate supplies/equipment)

- Peak Flow Meter
- Spacer (asthma inhaler aid)
- Pulmo Aid or Nebulizer (breathing treatment machine)
- Blood Glucose Meters/Glucometers
- Insulin pump supplies (batteries, infusion set, etc.)
- Syringes (injection)
- Catheters
- Special Feeding Formula or supplemental feedings
- G Tube supplies
- Trach supplies
- Portable Oxygen
- Other:

Date _____

School _____ School year _____

Student name _____ Type of equipment _____

Purpose of equipment _____

- Parent notified to pick up equipment- yes _____ no _____
- If yes, how many contacts were made with the parent: Pers. Contact _____ Phone _____ Letter _____