

**TULSA PUBLIC SCHOOLS
HEALTH SERVICES**

Date: _____

Dear Parent(s)/Legal Guardian or Person Responsible for Student's Care:

It has been brought to our attention that your child and/or a sibling is bringing medication(s) and/or medical equipment to the school health clinic. If there are extenuating circumstances that prevent you from bringing the item(s) to the school clinic, if you feel the child/children is/are mature enough to handle the responsibility of bringing medication and there is no other alternative, please complete the attached exemption form and return to the school clinic, as soon as possible. However, please note that **Ritalin or any other controlled substance must be brought by an adult.** If you elect to have your child/children bring the medication and/or medical equipment, please keep in mind that you will be responsible for any loss, theft, contamination, or inappropriate sharing of the item(s) with other individuals, prior to the item(s) reaching a designated staff member of the school.

Thank you for helping us provide a safe health care environment for your child.

Sincerely,

Nurse's Signature

Title

Site Administrators Signature

Title

***THIS REQUEST MUST BE RENEWED EACH SCHOOL YEAR.**