

Date

Dear Parent/Guardian,

Your child will be attending _____ on _____, 2009 as part of your child's extra curricular music program. If your child is in need of medications during this time, ***we encourage you to accompany your child*** for this special activity. If you are unable to attend, you may request a medication chaperone agreement form. Stated in FCPS Regulation 400-23 Students are not permitted to carry any prescription or over the counter medications to school or any school function.

The medication chaperone must be an adult who is a family relative or another parent/guardian well-known to your child. An activity chaperone agreement may also need to be completed to be assigned as a chaperone for this special activity. If you need a list of adults who have agreed to be a chaperone, please contact the Teacher in Charge for this event. ***It will be your responsibility to have the Medication Chaperone Agreement form completed with all the required signatures and to provide the medication for that day.*** If you plan on using the medication that is stored for your child in the school health room, please be advised that ***only the parent*** may obtain the medication from the health room staff.

We are making every attempt to accommodate students with special health care needs. If you have any questions or comments, please do not hesitate to contact me directly at

_____.

Sincerely,