



Arrowhead Head Start/Early Head Start
702 South Third Avenue
Virginia, MN 55792
1-800-662-5711 ~ 1-218-735-6959 (fax)



Disposition of Medication

_____ CPID # _____ Birthdate: _____
Participant Name (last, first)

Classroom: _____ Parent/Guardian(s): _____

Medication name: _____

Medication was discontinued in the Head Start classroom on: _____

Medication expired on: _____

I have returned the unused medication for the reason checked above to the child's parent/guardian.

AEOA Head Start staff signature: _____ Date: _____

AEOA Head Start staff has returned the unused medication to me as stated for the above reason.

Parent/Guardian signature: _____ Date: _____

Instructions to staff:

- Complete this form when you return unused medication to a parent/guardian
- Make a copy of the form for your records (and the parent if requested)
- Return the form to the Virginia Office for permanent filing