

Form JGCD-14

*Empowering Dreams for the Future*

**SAMPLE LETTER**

**UNCLEAR OR INSUFFICIENTLY SPECIFIC PRESCRIPTION**

**Dear Parent/Guardian:**

**The Cobb County School District (District) recently received a prescription for your student with the instructions “ .” Unfortunately, the District is not able to administer medications to students without more specific orders from your health care provider (Legal Prescriber). Please contact your Legal Prescriber and ask them for a prescription with specific orders, including frequency and dosage. If you have questions or concerns, please do not hesitate to contact me.**

**Sincerely,**

**School Nurse**

**Phone:**

**cc: Student File**