



Centinela Valley Union High School District

Medication Expiring Letter

Hawthorne High School

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Larch Village Adult Transition

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Breonna Williams

Lawndale High School

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Ericka Davis

Leuzinger High School

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Lloyde High School

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Teri Perez

Name of student/Nombre del estudiante: _____ ID# _____

Dear Parent or Guardian,

We have a medication that will expire on _____.

Please bring this medication in the original bottle. Medications that are expired will be discarded.

The medication that is expiring is:

Albuterol inhaler Epi-Pen Other: _____

Thank you

Estimado Padres o Tutores ,

Tenemos una medicamento que expirará en _____.

Por favor, traiga otro medicamento en su frasco original. Los medicamentos que hayan expirado serán descartados.

El medicamento que expirará es:

Albuterol inhaler Epi-Pen Other: _____

Gracias