SOUTHERN NEW HAMPSHIRE SERVICES, INC.
CHILD DEVELOPMENT PROGRAM

Date: _____

Dear _____,

It has come to our attention that medication and medication related equipment for *(child's name)* _____ has been left at our center. We have been unsuccessful reaching you by phone to pick-up this medication and equipment. Please come pick-up the medication and equipment by *(date)*_____ or we will discard the medication and equipment. Our center is open from _____am to _____pm, Monday through Friday. Please contact us if you have any questions.

Medication: _____

Medication Equipment: _____

Sincerely,

Name:_____

Position:_____

Contact Number: _____

Address: _____

E-Mail: _____