



**LACEY TOWNSHIP SCHOOL DISTRICT**  
**OFFICE OF SPECIAL SERVICES**

*A Tradition Of Pride · A Tradition Of Excellence*

**JOSEPH R. BOND**  
DIRECTOR OF SPECIAL SERVICES

**Prescribed and/or Over the Counter Medication Procedure**  
(Including Aspirin, Tylenol, and Ibuprofen)

For any medication your child will take in the school, please observe the following procedure:

1. Prior to any medication being administered by the school nurse, a written document must be received. Physician's document must state:
  - a. the diagnosis
  - b. name of medication
  - c. dosage, frequency, and time medication is to be administered
  - d. physician's documentation can be faxed to the school nurse
2. Parental permission for nurse to administer the medication as directed by the physician
3. Medication prescribed 3 times a day should be taken before school, after school, and at bedtime.
4. All medication must be brought to the school nurse in the original pharmaceutical container with the student's name on it.
5. Medications must be stored in a locked cabinet with the nurse's office; students are not to carry medications on their person or keep them in their lockers.

Please notify the school nurse of any existing medical problems. Thank you for your cooperation in this matter.

---

Authorization for school nurse to administer medications

School _____	School Nurse _____
Student's Name _____	Date _____
Diagnosis _____	Grade _____
Medication _____	Dosage _____
Parent Signature _____	Time _____
Physician Signature _____	Stamp _____

**Action to be taken when no licensed individual is available to administer medication: Hold? \_\_\_\_\_**  
**Asthma inhalers & Epipens ONLY – Can student self-administer and carry medication? \_\_\_\_\_**