



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

*A Tradition Of Pride · A Tradition Of Excellence*

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

Dear Parents/Guardians,

If it is necessary for your child to take any medication in school (prescribed or over the counter medication), the following procedure is required.

- 1. A written document from the Medical Provider can be faxed to the Health Office at (609) 971-2846. Physician's documentation must include the following:**
  - a. Diagnosis
  - b. Name of Medication
  - c. Dosage, frequency, and time of medication administration
  - d. Duration
  - e. Side effects and restrictions
  
- 2. The medication must be brought to the School Nurse by the parent/guardian in the original labeled bottle/container.**
  - a. All medications are kept in the Health Office.
  - b. Medication prescribed 3x/day should be take before school, after school, and at bedtime.

Thank you for your cooperation regarding this matter. Please do not hesitate to contact the Health Office at (609) 971-5850.

Sincerely,  
Ashley Mayberry BSN, RN-BC  
Cedar Creek School Nurse

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**CEDAR CREEK SCHOOL MEDICATION ADMINISTRATION FORM**

DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Duration of Administration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Stamp: