

LACEY TOWNSHIP HIGH SCHOOL

Gregory Brandis, Principal

73 Haines St. Lanoka Harbor, NJ 08734

TEL: (609) 971-2020 FAX: (609) 971-5887

Dear Parents/Guardians,

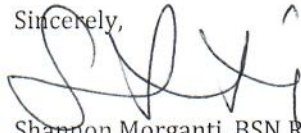
If it is necessary for your child to take any medication in school, (prescribed or over the counter medication), the following procedure must be observed.

1. A written document from the medical provider stating
  - a. The diagnosis
  - b. Name of medicine
  - c. Dosage, frequency, and time medication is to be administered
  - d. Physician's documentation can be faxed to the Health Office at (609) 971-5887.
2. The medication must be brought to the School Nurse by the Parent / Guardian, in the original labeled bottle or container. All medications are kept in the Health Office.
3. Medication prescribed three times a day should be taken before school, after school, and at bedtime.

Medication must be stored in a locked cabinet within the nurse's office; students are not to carry medication 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. Please do not hesitate to call the nurse at (609) 971-2020 ext 2028 if you have any questions.

Sincerely,



Shannon Morganti, BSN RN CSN

=====

LACEY HIGH SCHOOL MEDICATION ADMINISTRATION FORM

Authorization for school nurse to administer medication

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Student's name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

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

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

Parent's Signature: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Stamp \_\_\_\_\_

Action to be taken when no licensed individual is available to administer med. Hold med \_\_\_\_\_