



Lacey Township School District
 OFFICE of the *DIRECTOR OF SPECIAL SERVICES*
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————— *Michael Maschi* —————

Authorization for School Nurse to Administer Medication

Dear Parent/Guardian:

For any medication your child will take in school (whether prescribed or over the counter), Please observe the following procedure.

PRESCRIBED AND/OR OVER THE COUNTER MEDICATION PROCEDURE:
 (This includes aspirin, Tylenol, and ibuprofen)

1. Prior to any medication being administered by the school nurse, a written physician's document must be received. Physician's document must state:
 - a.) the diagnosis
 - b.) name of the medication
 - c.) Dosage, frequency, and time medication is to be administered
2. Parental permission for nurse to administer the medication as directed by the physician.
3. Medication prescribed 3 times per day should be taken before school, after school and at bedtime.
4. All medication must be brought to the nurse's office in the original pharmaceutical container with the student's name on it.

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 school nurse if you have any questions.

Sincerely,
 School Nurse

MEDICATION PERMISSION FORM
 Authorization for school nurse to administer medication

Student's name	_____	Date	_____
Diagnosis	_____	Grade	_____
Medication	_____	Dose	_____
Parent Signature	_____	Time	_____
Physician Signature	_____	Stamp	_____
Action to be taken when no licensed individual is available to administer med.		Hold med	_____