Sandman Consolidated School

838 Seashore Road Cape May, NJ 08204 Telephone: (609) 884-9410 Fax: (609) 884-9412

Maud Abrams School

714 Townbank Road Cape May, NJ 08204

Fax:

Telephone: (609) 884-9420

(609) 884-9421

LOWER TOWNSHIP ELEMENTARY SCHOOL DISTRICT

834 SEASHORE ROAD CAPE MAY, NEW JERSEY 08204

TELEPHONE: (609) 884-9400 FAX: (609) 884-1821 Memorial School 2600 Bayshore Road

Villas, NJ 08251 Telephone: (609) 884-9430 Fax: (609) 886-0515

Carl T. Mitnick School 905 Seashore Road Cape May, NJ 08204 Telephone: (609) 884-9470 Fax: (609) 884-9481

AUTHORIZATION TO ADMINISTER MEDICATION

Child's Name:	Date:	_
Name of Medication:		-
Dosage:		
Times when medication is to be taken: _		
Start Date:		
Completion Date:		
	Signature of Physician	
I request permission for my child to take its original container to the school.	medication during school hours. I will send th	e medication in
	Signature of Parent/Guardian	
MEDICATION ADMINISTRATION IN SCHOOL		
APPROVED	_ DISAPPROVED	