

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

**LOWER TOWNSHIP ELEMENTARY SCHOOL DISTRICT**  
834 SEASHORE ROAD  
CAPE MAY, NEW JERSEY 08204

Memorial School  
2600 Bayshore Road  
Villas, NJ 08251  
Telephone: (609) 884-9430  
Fax: (609) 886-0515

Maud Abrams School  
714 Townbank Road  
Cape May, NJ 08204  
Telephone: (609) 884-9420  
Fax: (609) 884-9421

TELEPHONE: (609) 884-9400  
FAX: (609) 884-1821

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

Dear Parent/Guardian of:

I would like you to be aware that State Law #A-2600 went into effect on December 23, 1993, which, with your **signed permission**, allows students to **"self-administer"** medication for **asthma or other potentially life-threatening illnesses**.

As you are aware, up to this point the school nurse was the "only person" allowed to administer medication in the schools. The new law allows some flexibility in the administration of required medication.

Please indicate below your decision. This letter will be kept on file in the nurse's office for the remainder of this school year. **You will be asked again for your decision for each school year, as this information must be asked annually.**

If you decide to allow your child to **"self-administer"** their medication, you **must produce a physician's note, certifying that the student is capable of, and has been instructed in, the proper administration of the required drug.**

Thank you for your immediate attention to this matter.

Sincerely,  
Joseph Cirrinicione  
Superintendent

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**PLEASE CHECK OFF YOUR DECISION, SIGN THE LETTER AND SEND IT TO SCHOOL WITH YOUR CHILD.**

**YES, MY CHILD MAY SELF-ADMINISTER MEDICATION in school and on field trips. Attached is the physician's note certifying that my child is capable of, and has been instruction in, proper self-administration of the required drug. I understand the district shall incur no liability as a result of any injury arising from the self-medication and I hold the district harmless against any injury or claims that arise as a result of my child's self-administration.**

**NO, MY CHILD MAY NOT SELF-ADMINISTER MEDICATION.**

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Teacher's Name

\_\_\_\_\_  
Date