

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

**LOWER TOWNSHIP ELEMENTARY SCHOOL DISTRICT**

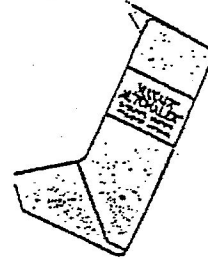
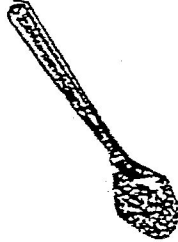
834 SEASHORE ROAD  
CAPE MAY, NEW JERSEY 08204

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

Maud Abrams School  
714 Town Bank 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) 898-9481



**MEDICATION REQUEST: Parent Form**

I hereby request and give permission to the school nurse to administer the following medication to my child \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Amount to be given: \_\_\_\_\_

Time to be given: \_\_\_\_\_

Date Medication is to begin: \_\_\_\_\_

Date Medication is to end: \_\_\_\_\_

Any Special Instructions: \_\_\_\_\_

Reason why child is receiving this medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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