

**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

**AUTHORIZATION TO ADMINISTER MEDICATION**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

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

Dosage: \_\_\_\_\_

Times when medication is to be taken: \_\_\_\_\_

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

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

\_\_\_\_\_  
**Signature of Physician**

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I request permission for my child to take medication during school hours. I will send the medication in its original container to the school.

\_\_\_\_\_  
**Signature of Parent/Guardian**

**MEDICATION ADMINISTRATION IN SCHOOL**

**APPROVED** \_\_\_\_\_ **DISAPPROVED** \_\_\_\_\_

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