

**PARENT/GUARDIAN MUST SUPPLY MEDICATION IN AN ORIGINAL CONTAINER**

**PERMISSION FOR NON-PRESCRIPTION MEDICATIONS**

Loudonville-Perrysville Schools  
Authorization Form

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

**NON-PRESCRIPTION MEDICATION-----TO BE COMPLETED BY PARENT/GUARDIAN**

Reason for medication: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Form of medication/treatment:

\_\_\_\_ Tablet/capsule \_\_\_\_ liquid \_\_\_\_ Inhaler Other: \_\_\_\_\_ Dosage: \_\_\_\_\_

Instructions (Schedule and dose to be given at school): \_\_\_\_\_

\_\_\_\_\_

Is this student both capable and responsible for self-administering this medication? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

I give permission for \_\_\_\_\_ to receive the above non-prescription medication at school according to the policy of the Loudonville-Perrysville Board of Education.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

***PERMISSION VOID AT END OF CURRENT SCHOOL YEAR***

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