



**La Salle Institute**

174 Williams Road – Troy, NY 12180 – (518) 283-2500 – [www.lasalleinstitute.org](http://www.lasalleinstitute.org)

**PERMISSION FOR ADMINISTRATION OF  
NON-PRESCRIPTION DRUGS**

I hereby request that my son: \_\_\_\_\_,

Grade: \_\_\_\_\_, be given \_\_\_\_\_,  
(Name of Medication)

\_\_\_\_\_  
(Dosage & Times)

for \_\_\_\_\_.  
(Reason for Medication)

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

Signature: \_\_\_\_\_  
(Parent or Guardian)

Telephone Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cellular: \_\_\_\_\_