

Sts. Peter and Paul Catholic School

Asthma Medication and Epipen School Authorization

I _____ parent of _____

authorize my child to self-administer his/her asthma medication and/or Epipen. I understand that Sts. Peter and Paul Catholic School, the Archdiocese of Oklahoma City or any of its agents, employees or volunteers shall incur no liability as a result of any injury arising from the self-administration of medication by the student.

CHECK ONE

_____ My child has permission to carry the inhaler during the school day and I have explained to him/her that he/she may not share the medication with any other person.

_____ My child does not have permission to carry the inhaler during the school day. It will be left in the office and he/she will request to use it from the school secretary or her substitutes.

My child has been instructed by his/her physician in the proper method of and self-administration of medication. I further understand that this authorization is required each school year.

Parent/Guardian's signature

Date

Sts. Peter and Paul Catholic School
Authorization to Dispense Medication at School

To be completed by Parent/Guardian

I request that my child _____ receive the medication as prescribed by Dr. _____. I agree not to file or make any claim against anyone for negligence in connection with the administration or non-administration of any medicines and further agree to save such individuals and hold them harmless from any liability incurred as a result of this administration or non-administration of any medicine. I understand that the principal or her designee will administer the medicine, and that neither is a trained medical professional.

Parent/guardian signature

Date