Diocese of Metuchen Office for Catechesis

SELF-ADMINISTRATION OF MEDICATION

Permission for child/youth to carry and/or use emergency medication for potentially life threatening condition.

Child's/Youth's Name	DOB	Class
Parish	City/Town	
HEALTH CARE PROVIDER: Diagnosis		
Name of Medication		
Dosage and Instructions		
Possible Side Effects		
I certify that the child named above has aller is permitted to self-administer the listed techniques of self-administration and has de	medication. The child has b	been instructed in the proper
Name of Health Care Provider (PRINT)	the state of	
Signature of Health care Provider	la	
Address		
Phone		
PARENT/GUARDIAN: I authorize my child to self-administer the necessary. I acknowledge the parish of	he listed medication during f member on the premises dur epinephrine (EpiPen), I unde hospital. It is my obligation to numbers where I can be r emergency squad leaves the pa the parish of gents shall incur no liability as dication. I will indemnify and	religious education hours, if (NAME) ing religious education hours. rstand that 911 will be called to provide the Parish Religious eached at all times and my earish program. (NAME) s a result of any injury arising hold harmless the Diocese of ME), and any and all of their tion of the listed medication.
Signature of Parent/Guardian		Date:
Phone: Cell-	EFFEC	TIVE FOR ONE (1) YEAR