



## DIOCESE OF OAKLAND

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DEPARTMENT OF CATHOLIC SCHOOLS

### PERMISSION TO CARRY AND SELF MEDICATE

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

\_\_\_\_\_ has been instructed in the proper use of  
(*inhaler/medication/epi-pen*) \_\_\_\_\_ (name here). The  
child's well-being is in jeopardy unless the *inhaler/medication/epi-pen* (circle appropriate item)  
is carried on his/her person; therefore, we request that he/she be permitted to carry the  
*inhaler/medication/epi-pen* (circle appropriate item). The student has been instructed in the  
indications, appropriate method and frequency for administration, side effects, responsibility not  
to share, and the responsibility to notify the teacher immediately after use.

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Please initial indicating you have read and agreed to each statement:

\_\_\_\_\_ I permit my child to carry the above listed *inhaler/medication/epi-pen* (circle one) as  
ordered by his/her physician.

\_\_\_\_\_ It is my responsibility to check the expiration date of the *inhaler/medication/epi-pen*  
(circle one) for my child.

\_\_\_\_\_ I understand that sharing this *inhaler/medication/epi-pen* (circle one) with other students  
will result in disciplinary action.

\_\_\_\_\_ I will provide the *inhaler/medication/epi-pen* (circle one) at my own expense.

\_\_\_\_\_ I understand that use of an epi-pen necessitates a 911 call.

Parent's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED IN ADDITION TO THE  
AUTHORIZATION FOR MEDICATION FORM.**