



**PERMISSION TO CARRY ASTHMA INHALER/EPIPEN**

**TO BE COMPLETED BY PHYSICIAN:** \_\_\_\_\_(insert name)

a current student at Bishop Kelley High School has been diagnosed with **asthma/anaphylaxis**. I have prescribed **an inhaler/EpiPen** for him/her. He/she is capable of and been instructed in the proper method of self-administration. He/she understands the purpose and frequency of use of the asthma inhaler/EpiPen. Please allow him/her to carry this medication and self-administer it at school.

Name of Medication (s) \_\_\_\_\_

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**TO BE COMPLETED BY PARENT/GUARDIAN:** I permit my child to carry the above listed asthma inhaler/emergency medication on his/her person or to keep same in his/her locker, and self-administer as he/she has been instructed in and is capable of the proper method of self-administration of this medication.

I also agree to provide the school with an **emergency supply** of this medication to be kept in the nurse's office.

I, the undersigned parent/legal guardian, release, hold harmless and absolve the Diocese of Tulsa, Bishop Kelley High School, their respective employees and agents of and from any liability, claims, causes of action and damages as a result of any injury, illness, adverse reaction, harm and/or damages arising from the self-administration of the above referenced medication by the above named student.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Emergency Phone # \_\_\_\_\_