

# Office of Evangelization and Catechesis

Roman Catholic Diocese of Albany

## SELF-DIRECTED MEDICATION PERMISSION FORM

\_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ authorize the designation of

(Name of child/youth)

specified parish personnel of (click one)  St. Edward the Confessor or  St. Mary's of Crescent Parish who are not licensed

health care professionals, to supervise the administration of required medication, which is to be "self-directed" to my child.

Type of Medication

\_\_\_\_\_

Dosage and Frequency of Administration

\_\_\_\_\_

Beginning date \_\_\_\_\_  
(month) (day) (year)

Ending date \_\_\_\_\_  
(month) (day) (year)

I understand that every effort will be made to notify me immediately should it become necessary to obtain emergency medical treatment in connection with my child's condition. The person(s) who should be notified and the telephone number(s) are:

NAME \_\_\_\_\_ Phone Numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

NAME \_\_\_\_\_ Phone Numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

In consideration of the acceptance of this authorization for the designation of the assistance for my child, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages I may have against said parish, their representatives, employees, successors and assigns, rising out of any and all injured sustained.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

(Parent/Legal Guardian)

Clear Form