



Cristo Rey Atlanta Jesuit High School -222 Piedmont Ave SE Atlanta GA 30308 --

PLEASE COMPLETE A FORM FOR EACH MEDICATION / MEDICAL PROCEDURE Each medication must be labeled by a pharmacy for your student with clear precise instructions

MEDICATION AUTHORIZATION FOR ADMINISTRATION OF MEDICATION / MEDICAL PROCEDURES

Student's Name- _____ Student N# _____ Homeroom- _____ Date of Birth- _____
_____ Telephone# _____ Emergency # _____ Address _____ Diagnosis - _____

MEDICATION / Medical Procedure Name _____ DOSE/Route _____ oral _____
injection _____ nasal _____

TIME to be provided daily _____ or may be repeated in _____ minutes _____ hours

Precautions, possible side effects/interventions _____

Starting Date of Medication / Medical Procedure _____

****Epinephrine and inhalers are kept locked in the school clinic AND may be carried on the student's person -- All Medication will be supervised by the Nurse or clinic assistant or parent.**

All medications including over the counter **must be considered prescription and have pharmacy labels and student's name on it**—no medication in the clinic is shared. _____

All medications including OTC **must be considered prescription and have pharmacy labels and student's name on it**— no medication in the clinic is shared.

Student is capable and recommended to possess, and self-administer this medication / medical procedure: NO ___ YES- Supervised YES -Unsupervised NA

Drug / Food Allergies _____

Comments ___ Termination date for administering the medication / medical procedure (DEFAULT June 1 2023)

Physician's Name _____ Physician's Address _____ Telephone No. _____

Physician's Signature Date _____

- Parent(s) / guardian(s) by signature below acknowledges that the school is providing for the administration of medication / medical procedure as a courtesy to the parent(s) / guardian(s) and agrees to hold the school and school system harmless in its so doing.
- Additionally, authorization is granted to obtain pertinent medical and/or copies of records pertaining to my child's medication and for this information to be shared with pertinent staff as needed.
- I understand that effective April 14, 2003, under the Health Insurance Portability and Accountability Act ("HIPAA"), disclosure of certain medical information is limited. However, I herein authorize disclosure of pertinent medical information for the provision of services for my child while in attendance in the Atlanta Public Schools District. **This authorization expires as of the last day of this school year, including the summer/ extended year session.**
- *Our school nurses are governed by the Georgia Nurse Practice Act and APS Policy JGCD – Medication, and they will only administer medication in accordance with written medical orders signed by a licensed physician, dentist, or podiatrist. /Cristo Rey nurses will not modify any dosage of medicine based solely on a request or recommendation by a parent or guardian. A parent or guardian seeking a dosage modification must provide the nurse with an appropriate medical order.

Parent(s) / Guardian(s) Signature Date _____

Reviewed by: Date _____ RN/ DEAN/ STAFF



MEDICATION AUTHORIZATION

Dear Parents:

1. If medication is needed in order for the student to remain in school, this form must be completed by the parent/guardian, signed by the physician, and returned with the medication to the school office or nurse.
2. All necessary medication prescribed for a student by a doctor or dentist must have this Medication Authorization Form signed by the physician and parent. All medication must be in the original prescription bottle and labeled with a current pharmacy prescription label. "Over the counter" medication must be in original labeled container- labeled for that student as a prescription. Medications sent in baggies or unlabeled containers will not be given.
4. Experimental medication/dosages will not be given. Herbal medication, dietary supplements and other nutritional aids not approved as medication by the FDA, will not be administered at school.
6. All medications must be kept in a locked cabinet/drawer in the school office/clinic and administered in the school office/clinic, unless it is an emergency or pre- exercise treatment.
7. High School students whose doctor's written instructions require them to carry an inhaler on their person may do so. A second inhaler must also be kept in the clinic for use as needed. If a student allows another person to use the inhaler, the privilege of carrying one's inhaler may be revoked for both parties involved.
8. Students may transport their medication from home to the school office/clinic and return unused medication home as long as they have the signed authorization form.
8. Only the parent or adult clinic staff may perform nebulizer treatments for students in the school clinic.

**Parents, please fill out and sign an ANNUAL CLINIC FORM/CONSENT UPDATE --
IT MUST BE SIGNED BY YOU- must be renewed annually, signed each new school year**

Please contact Cristo Rey Atlanta Jesuit High School Clinic Nurse – 404-637-2825. You may leave messages & FORMS with the School Office Manager or email to the clinic nurse: clinic@crstoreyatlanta.org. Please do not leave voicemail.

Sincerely, Nurse Anne Tilly RN NOVEMBER 2022

404-637-2800 EXT 2825

clinic@crstoreyatlanta.org

Cristo Rey Atlanta school clinic



MEDICATION AUTHORIZATION PRESCRIPTION - ANNUAL UPDATE FOR 2022-23 school year

Cristo Rey Atlanta school clinic

