

2023-24 Cristo Rey Clinic Health Information Form



Page 1	This page is to be completed by parent or guardian, signed, and updated annually
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Student Name _____ Date of Birth _____

Student Address _____

Emergency Contact Information _____

Mother's name _____ Home phone _____ Cell phone _____ Work phone _____

Address if different _____

Father's name _____ Home phone _____ Cell phone _____ Work phone _____

Address if different _____

Physician _____ Physician's phone number _____

DATE OF STUDENT'S PHYSICAL EXAM _____

Emergency contact if parents are unavailable This individual has permission to pick up the student and/or grant permission for the student to be dismissed from school early due to illness.

Name and relationship _____ Phone _____

Student's Medical History Allergies (food, medication allergy, pollen, other)

Medication taken at at school? ***EpiPen or Auvi-Q prescription? ***Asthma or Epinephrine (Action Plan submitted)
 ***MEDICATION AUTHORIZATION FOR 23-24 SY must be on file for any medication and kept in clinic labeled with pharmacy prescription/name of student for use while on Cristo Rey campus/returned to parents at end of current school year.

	YES	NO
VACCINATED FOR COVID 19 – ?		
COPY OF COVID VACCINATION CARD ON FILE? (Required)		
DATE OF FIRST DOSE *** / / ; DATE OF SECOND DOSE*** / / ; Brand of vaccine	-----	-----
Medication taken at home?		
***EpiPen or Auvi-Q prescription?		
***Asthma or Epinephrine Action Plan submitted to Cristo Rey?		
Neurological, any recent history of concussions /fainting/seizures?		
Respiratory? - any History of Asthma? (please submit plan of care & medication authorization) Endocrine - including diabetes - (please submit plan of care, medication authorization)		
Cardiovascular: any recent history of blood clot problem, heart attack, implant or high or low blood pressure?		
Endocrine - including diabetes - (please submit plan of care, medication authorization)		

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Gastrointestinal including ulcer, IBS or frequent use of antacid- (please submit medication authorization)		
Genital-Urinary including heavy or absent menstruation (please submit medication authorization)		
Orthopedic- including prone to ankle, foot or knee injury, scoliosis exam done in 8th grade/ result?		
Dermatological including RECENT non -contagious rashes requiring medication used at school?(please submit medication authorization)		
Vision/Hearing including contact lenses, ear surgery, implants? – please submit prescription or nonprescription ear or eye drop medication authorization)		
Hematological - including sickle cell anemia (please submit medication authorization)		
Psychosocial including current use of drugs for behavioral issues- (if taken during school hours please submit medication authorization)		
Surgical History if this affects athletic performance or mobility during school this school year		
Other		

Permission to Administer Over-The-Counter Medication will only be with **Cristo Rey Medication Authorization** Form signed by the ordering physician–

Emergency room instructions are not valid for giving medication on campus.

Absence due to illness requires Note on Doctor or Clinic /or ER letterhead/ showing date of test, doctor exam, Student’s name, Doctor’s name/signature

Email or phone permission by parent is NOT valid for NURSE staff to administer ANY medication with the exception of Narcan or Epinephrine injection in emergency situations.

ANY person on campus who experiences fainting, Allergic reaction using Epinephrine will be examined by EMS (911)

Each student must have their own bottle of medication LABELED AS A PRESCRIPTION AND ACCOMPANIED BY MEDICATION AUTHORIZATION (a nursing order) for us to administer it

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Page 3	Permission for Medical Treatment and Medical Information
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This page is to be completed by Parent or Guardian

I _____ (PRINT NAME) acknowledge that my child _____ (PRINT STUDENT NAME) may need emergency medical treatment in school or while at school activities. I authorize Cristo Rey Atlanta Jesuit High school, through its faculty and/or staff, to provide first aid and medical treatment deemed appropriate for the circumstances. I consent for Cristo Rey Atlanta Jesuit High School to seek medical services without prior notification to me, should the circumstances warrant it. I give permission for my child to be treated at a hospital or other medical facility.

I accept that medications must be in their original container labeled for only this student. Medication Authorization will be sent to the clinic signed by myself and the doctor. I acknowledge my responsibility to inform Cristo Rey Atlanta Jesuit High School of any allergies, medical or physical conditions, and/or communicable diseases that my child may have or may develop through the school year. I acknowledge that the information provided in this document may be shared with faculty and staff on a need-to-know basis. I acknowledge that a copy of this form is kept by the school clinic and provided to my child's coach and/or chaperone. I acknowledge that physical activity and sports carry an inherent risk of injury and that my child can be injured despite the best efforts to provide a safe experience.

I acknowledge that the responsibility of providing medical insurance rests with me. A copy of my child's insurance card is attached or on file with Student Admissions office.

Parent/Guardian Signature _____ Date: _____