

Cristo Rey Atlanta Jesuit High School

Medication Authorization & School Clinic Guidelines School Year 2026-2027

To ensure the health, safety, and well-being of all students, families must follow the medication and medical accommodation procedures outlined below.

When Is Authorization Required?

- Prescription medications
- Over-the-counter medications, labeled with exact instructions.
- Emergency medications (inhalers, EpiPens, Benadryl)
- Medical procedures during school hours
- Dietary accommodations
- Activity restrictions
- Elevator pass requests

Medication Requirements

- Medication must be in the original pharmacy-labeled container.
- Medication must be labeled for the individual student.
- A completed Medication Authorization Form signed by the healthcare provider and parent/guardian is required.
- Medication must include clear dosage and administration instructions.
- ER or urgent care discharge instructions that apply to the school.

Medications That Cannot Be Accepted

- Medications in plastic bags or unlabeled containers.
- Parent notes without provider authorization.
- Experimental medications or herbal remedies.

Emergency Medications

Students may carry authorized inhalers and EpiPens or have them stored in the school clinic, as directed in writing by their healthcare provider. Families are encouraged to submit an Emergency Action Plan whenever applicable.

Immunization Requirements

A current Georgia Form 3231 (Certificate of Immunization) is required for enrollment. Families may request immunization records through the Georgia Department of Public Health: <https://georgia.gov/request-immunization-records>

School Clinic Contact Information

Cristo Rey Atlanta Jesuit High School
222 Piedmont Avenue SE, Atlanta, GA 30308
Clinic Room 521
Nurse Anne Tilly, RN
Phone: 404-637-2800 Ext. 2825
Email: clinic@crstoreyatlanta.org

Cristo Rey Atlanta Jesuit High School

Autorización de Medicamentos y Normas de la Clínica Escolar Año Escolar 2026-2027

La salud, seguridad y bienestar de nuestros estudiantes es una prioridad. Este documento resume los requisitos para medicamentos y servicios de la clínica escolar.

¿Cuándo se Requiere una Autorización Médica?

- Se requiere para medicamentos recetados, medicamentos de venta libre, medicamentos de emergencia, procedimientos médicos, restricciones de actividad, adaptaciones dietéticas y pases de elevador.
- El formulario debe ser completado por el proveedor médico y firmado por el padre, madre o tutor.

Requisitos para Entregar Medicamentos

- El medicamento debe estar en su envase original con la etiqueta de la farmacia.
- El medicamento debe estar etiquetado con el nombre del estudiante individual.
- Se requiere un Formulario de Autorización de Medicamentos completo, firmado por el proveedor de atención médica y el padre/tutor.
- El medicamento debe incluir instrucciones claras de dosis y administración.
- Instrucciones de alta de la sala de emergencias o atención de urgencia que apliquen a la escuela.

Medicamentos que No Pueden Ser Aceptados

- Medicamentos en bolsas plásticas o recipientes sin etiqueta.
- Notas de padres sin autorización médica.
- Medicamentos experimentales o remedios herbales.

Medicamentos de Emergencia

- Los inhaladores y EpiPens autorizados pueden ser portados por el estudiante o almacenados según las indicaciones escritas por el proveedor de salud.
- Se recomienda presentar un Plan de Acción de Emergencia cuando corresponda.

Requisitos de Vacunación

- Se requiere un Formulario 3231 actualizado del Estado de Georgia para la inscripción.
- Los registros de vacunación pueden solicitarse al Departamento de Salud Pública de Georgia.

Información de Contacto de la Clínica Escolar

Cristo Rey Atlanta Jesuit High School
222 Piedmont Avenue SE, Atlanta, GA 30308
Salón 521
Enfermera Anne Tilly, RN
Teléfono: 404-637-2800 Ext. 2825
Correo electrónico: clinic@crstoreyatlanta.org

Cristo Rey Atlanta Jesuit High School
Medication & Medical Accommodation Authorization Form
School Year 2026-2027

Please complete one form for each medication, medical treatment, or accommodation request.

STUDENT INFORMATION

Student Name: _____

Student ID Number: _____

Grade: _____

Date of Birth: _____

Parent/Guardian Name: _____

Parent Phone Number: _____

Parent Email: _____

Known Allergies: _____

HEALTHCARE PROVIDER AUTHORIZATION

PRESCRIPTION OR OVER THE COUNTER MEDICINE INFORMATION

Medical Condition/Diagnosis: _____

Requested Service: ☐ Medication ☐ Medical Procedure ☐ Dietary Accommodation ☐
Activity Restriction ☐ Elevator Pass ☐ Other

Medication/Treatment Name: _____

Dose: _____ mg/mcg/ml and amount _____

Route: ☐ Oral ☐ Inhaled ☐ Injection ☐ Topical ☐ Other

Time(s) at School: _____

Frequency: ☐ Daily ☐ As needed for _____

Additional Instructions: _____

Possible Side Effects: _____

Special Precautions: _____

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School Year 2026-2027

ACTIVITY RESTRICTIONS / ELEVATOR PASS

Reason: _____

Restrictions: ☐ No PE ☐ No Sports ☐ Limited Walking ☐ Elevator Pass ☐ Crutches ☐ Other

Start Date: _____ End Date: _____ Re-evaluation: _____

EMERGENCY MEDICATIONS

Medication: _____

☐ Student may carry medication ☐ Store in clinic ☐ Trained in use ☐ Action Plan Attached
☐ Report to the nurse when the medicine is taken

HEALTHCARE PROVIDER INFORMATION

Provider Name: _____

Practice/Clinic: _____

Phone: _____ Address: _____

Provider Signature: _____ Date: _____

Permission to contact healthcare provider for clarification: [] Yes [] No

PARENT/GUARDIAN AUTHORIZATION

I authorize Cristo Rey Atlanta Jesuit High School to administer or supervise the medication, treatment, or accommodation described above. This authorization expires at the end of the current school year.

Parent/Guardian Signature: _____ Date: _____

SCHOOL USE ONLY

Date Received: _____

☐ Original Container Verified ☐ Pharmacy Label Verified ☐ Authorization Complete

Reviewed By: _____ Date: _____