

PLEASE COMPLETE A FORM FOR EACH MEDICATION / MEDICAL PROCEDURE

JGCD-R Page 3 Authorization for Administration of Medication(s) / Medical Procedures to Students During School Activities (Cont.)

**ATLANTA PUBLIC SCHOOLS
ADMINISTRATION OF MEDICATION / MEDICAL PROCEDURES**

Student's Name _____ Homeroom _____

Date of Birth _____ Telephone# _____ Emergency # _____

Address _____

Medication / Medical Procedure _____ Diagnosis _____

Starting Date of Medication / Medical Procedure _____

Physician's requirements of dosage / method of administration (Please indicate if student is responsible for self-administration and should carry medication / medical equipment _____

Student is capable and recommended to possess, and self-administer this medication / medical procedure:

NO _____ YES-Supervised _____ YES-Unsupervised _____

Time medication / medical procedure is to be provided daily _____

Precautions, possible side effects, interventions _____

Drug / Food Allergies _____

Termination date for administering the medication / medical procedure _____

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 ("HIPPA"), 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.

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

Reviewed by: _____ Date _____

Principal

School

Distribution: School Clinic – Student's Personal Folder – Parent(s) / Guardian(s)

Form # 67071

REV 03/21/06