



# ACG Health & Wellness Center

## Consent Form To Administer Prescribed Medication

1. Please sign and return to AntetokounBros Academy
2. Please provide written directions from the child's physician if needed.
3. Please bring the medication to AntetokounBros Academy in its original pharmacy labeled container if the child needs it during the educational program (9.12, 10:00 – 16:00)

Athlete Name: .....

Date of Birth: .....

Health condition/Reason for medication: .....

Name of medication:.....

Instructions (schedule and dose to be given at school): .....

.....

.....

Known allergies: .....

Restrictions and/or possible side effects: .....

.....

Special storage requirements (please circle):    None                    Refrigerate

Other Instructions:.....

.....

.....

I give permission for my child to receive the above stated medication at the Ante. I release Pierce College and its employees from any claims or liability connected with its reliance on this permission.

### **\*FOR INDIVIDUALS WHO ARE DIAGNOSED WITH AN ALLERGY FOR WHICH THEY ARE PRESCRIBED AN ADRENALIN AUTO-INJECTOR (AAI)\***

\*In the event that my child develops symptoms of anaphylaxis associated with their allergy, and their adrenaline is not available or unusable, I give consent for my child to receive the school's spare AAI held by the school for such emergencies.

Name of Parent/Guardian: .....

Relationship: ..... Emergency telephone: .....

E-mail: .....

Date: ..... Signature: .....

Name of Parent/Guardian: .....

Relationship: .....

Emergency telephone: .....

E-mail: .....

Date: ..... Signature: .....

## ADMINISTRATION OF NON-PRESCRIPTION DRUGS

I give permission to the ACG nurses to administer the following non-prescription drugs to my child if deemed necessary during the visit to the clinic (please note).

DRUG NAME YES NO	YES	NO
Ibuprofen (pain/fever)		
Paracetamol (pain/fever)		
Antacids (for indigestion)		
Depon syrup (paracetamol for children)		
Algofren syrup (ibuprofen for children)		
Antihistamines (for allergies)		

Parents/guardians will be informed by the clinic via phone in case the administration of the above medications is deemed necessary, and the drug will be administered only after oral approval over the phone, unless there is a risk to the patient's life.

Non-prescription drugs will be administered by ACG nurses only to those students whose parents/guardians have provided written consent."

### **Notice regarding the processing of Personal Data (Administration of prescribed medication)**

The American College of Greece (hereinafter "**ACG**"), in its capacity as Data Controller, processes personal data which concern Pierce students who receive prescribed medication and their parent(s)/guardian(s), in accordance with the Regulation (EU) 2016/679 of the European Parliament and of the Council ("General Data Protection Regulation") and the law 4624/2019, as in effect from time to time (together "**the Personal Data Legislation**"), and subject to the terms stipulated hereunder:

**Data Subjects and Categories of personal data:** ACG processes personal data concerning Pierce students who receive prescribed medication and their parent(s)/guardian(s). Student's personal data under processing include identification details (name, date of birth, pierce class and other ACG programs in which they may be enrolled) and health data (health condition, name of medication, schedule and dose of medication which needs to be administered, allergies, restrictions and/or possible side effects of medication, instructions from the students' physician, etc). Parent(s)/guardian(s) personal data under processing include Identification details (name, relationship with the student) and contact details (emergency or cell phone number and e-mail).

**Purposes of processing:** Enabling authorized employees and medical staff from the ACG Health & Wellness Center to administer the prescribed medication (including, where applicable, an adrenaline auto-injector) and to contact their parent(s)/guardian(s) in case of emergency.

**Recipients of data:** Access to the above data for the above purposes is restricted to the authorized employees and medical staff from the ACG Health & Wellness Center.

**Retention of data:** The above data will be retained by ACG for as long as the respective students remain enrolled with Pierce.

**Rights of Data subjects:** Subject to certain exceptions, conditions and limitations provided by the Personal Data Legislation, you may exercise your right of access, rectification, restriction of processing, objection, erasure of the above personal data, as well as the right to data portability. In case one of the aforementioned rights is exercised, we shall take any possible measure for the prompt satisfaction of the relevant request, according to the specific provisions and conditions of the Personal Data Legislation, and we shall inform you in writing regarding the satisfaction of your request, or for the reasons that prevent the exercise or the satisfaction thereof according to the Personal Data Legislation. In addition, to the extent that the processing is based on your consent, you may at any time withdraw it, without however affecting the lawfulness of processing based on your consent before its withdrawal or the processing based on another legal basis. You also have the right to lodge a complaint with the Hellenic Data Protection Authority ([www.dpa.gr](http://www.dpa.gr)), in case you consider that the processing of your personal data hereunder is in violation of the Personal Data Legislation. If you have any queries in relation to the processing of your personal data, you can contact the Data Protection Officer

of the American College of Greece by using the following contact details: [dpo@acg.edu](mailto:dpo@acg.edu)

**I have read, understood and hereby provide my consent to the processing of personal data according to the above.**

Name of Parent/Guardian: .....

Date: ..... Signature:.....

Name of Parent/Guardian: .....

Date: ..... Signature:.....

