## Metropolitan Nashville Public Schools

## REQUEST FOR: ASSISTED SELF-ADMINISTRATION OF MEDICATIONS PRESCRIPTION and NON-PRESCRIPTION MEDICATIONS

Requests for a student to administer his/her own medication during school hours requires that this statement be filed with the school principal. Please respond to every item on this form.\* If non-prescription, parent fills out health care provider part.

School	School Hours		_ Teacher	
3011001	School Hours		_   reacher	
	STUDENT INFO	RMATION		
Student Name			Date of Birth//	
Last	First	Middle		
Address			Phone	
Diagnosis				
HEALTH CARE PROVIDER STATEMENT The health care provider may be a medical doctor (M.D.), physician assistant (P.A.) or a registered nurse practitioner/clinician (RN CS). To be completed by the health care provider. (If non-prescription medication, parent must fill out.)				
Name of Drug / Purpose of Drug				
Date to Start	thr	ough		
Dosage and Times at School				
Does this medication absolutely noyesno If yes, explain		_		
Special instructions for Storage ar	nd Handling			
Possible side Effects				
Health Care Provider Name				
Address				
Health Care Provider Signature			Date	
(for prescription medications)				
I take full responsibility for taking my obottles will have the proper pharmacy Student Signature	label. If non-prescription medica	ours as prescribed ation, it must be in c	original container.	
I give consent for my child (name)_ own medication during the school day	assisted by school personnel a	s necessary.	to take his/her	
I, agree that Metropolitan Nashville Puk injury resulting from my student's poss property or at a school related event. I against the possession and self-admin self-administer the medication with as (Check one)	olic School System (MNPS), its obsession and self-administration shall indemnify and hold harmle istration of the above described	employees and ager of the above descri ess MNPS, its emplo	nts shall not be held liable for any bed medication while on school byees and agents against claims	
Parent/Guardian Signature			Date	