Daily Medication Request – 2023

Parent/Carer authorises this medication to be given daily

Medication must be provided in its original packaging, labelled with the student's name.

Please indicate the length of time this medication is to be given:

❒ **Short term** medication request - will lapse after seven (7) days from request date.

❒ Until medication provided is finished ❍ specific number of days: .....

❒ **Long term** medication request - will lapse on 16th December 2023

Student Details		
First Name:	**Surname:**	**Class:**
Medical condition/s:		

Medication Provided by Parent/Carer		
Medication Name:		
Reason for Medication:		
Dose to be given:		
Time to be given:		
Specific administration instructions:		

Medication Prescribed by	
Name of prescribing Doctor:	Date prescribed:
❒ Medication initiated by Parent/Carer	❒ Medication recommended by Pharmacist

Signed Consent		
I understand that Springwood Public School accepts no responsibility for any complications arising from the administration of medication, for which I have given authority to be given on my behalf. I release the school from and will indemnify the school in respect to any claim my child may have against the school out of complications suffered by my child as a result of such administration of medication. I understand it is the responsibility of the Parent/Carer to advise us when the medication is no longer to be given.		
Parent/Carer Name:_____ **Mb:**_____		
Signature: _____ **Date:**_____		
Principal's Signature:_____ Date:_____		