

# THE ROCK ACADEMY

## CHRISTIAN SCHOOL

*changed lives, changing lives*



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### SPECIAL MEDICINE REQUIREMENT FORM

This letter gives permission for \_\_\_\_\_ to administer the following prescribed  
**name of staff member**  
medicine to my child.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Child's Age: \_\_\_\_\_

#### Medication information:

1	Name of Medicine:
2	Indications (purpose):
3	Dosage and administration instructions:
4	Possible side effects:
5	Special precautions:
6	Expiry date:
7	Syrup/ pills/ capsules etc:
8	Quantity in container:
9	Packaging:
10	Storage requirements:

#### Indemnity

I, \_\_\_\_\_ (Parent/Guardian), indemnify The Rock Academy from any form of contra indications or side effects if such occurs when administering this medication to \_\_\_\_\_ (my Child). I do not hold the school responsible for the management of such medicine, with regard, to the expiry date and general care of the medicine. It remains my responsibility to make sure there is enough medicine available, that the expiry date remains current and the relevant information is current.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Receiving staff members Signature: \_\_\_\_\_ Date: \_\_\_\_\_