

Grayston Preparatory School

Holding the Hand that Holds the Future



Special Medicine Requirements for a Pupil

This letter gives the school permission to administer such medicine to my child if so required.

Child's Name: _____

Grade: _____

Parent's (or guardian) Name: _____

Child's Age: _____

Medication:

| | INFORMATION: | |
|----|--------------------------------|--|
| 1 | Medication (type)Name: | |
| 2 | Indications (used for): | |
| 3 | Dosage (amount to give): | |
| 4 | Possible side effects: | |
| 5 | Special precautions: | |
| 6 | Expiry date: | |
| 7 | Syrup, Pills or Capsule: | |
| 8 | Quantity(Amount) in container: | |
| 9 | Packaging: | |
| 10 | Storage requirements: | |

Contact and medical Information:

Allergies: _____.

Current illnesses: _____.

Medical Aid Type: _____.

Medical Aid Number: _____.

Family Doctor's Name: _____.

Doctor's Contact Number: _____.

Parents Contact Numbers:

Father: (Cell) _____, (W) _____, (H) _____.

Mother: (Cell) _____, (W) _____, (H) _____.

Indemnity

I, _____ (Parent), indemnify *Grayston Prep School*, from any form of contra indication or side effect if so occurs when administering this medication to _____ (my child). I also 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 is current and the relative information is current.

Parent's Signature: _____ . Date: _____.

Receiving Teacher's Signature: _____.

Date: _____.

Witness (Name): _____, Witness Signature: _____.