



REG. NO. 2010/003266/08 • SNAP EDUCATION (ASSOCIATION INC UNDER SECTION 21) • PBO NO. 930035281

MEDICATION / HOSPITALISATION - PERMISSION FORM

DECLARATION BY PARENT/GUARDIAN

I have read and understood the prescribed policy and guidelines regarding the issuing of medication.

I understand that medication will not be issued if I fail to follow the policy guidelines.

I understand that the permission for medication is valid for one year from the application date and that I must reapply each year.

Herewith I grant SNAP Academy permission to provide medication to my child by an appointed staff member: Yes No

I also grant permission for my child to receive medication (such as Parado) for any minor ailments. Yes No

I also grant permission that in case of emergency my child may be rushed to the closest hospital Trauma Unit to save his/her life. (For this purpose I have submitted a copy of my medical aid card.) Yes No

Signature of parent / guardian :

Learner: Name & Surname:		Gr.
Address:	Tel.:	

Date:

Member Mrs AM Van Rensburg