



10 Days Leave Application

I _____ hereby submit my request for a weekend out on the following date _____ to _____

During my stay out I will be residing at

I will be staying with

The activities I will be involved in are as follows:

I can be contacted on the following numbers

_____/_____

I also understand that I am not allowed to use any phone, laptop or electronic device that allows me access to social media or communication that is not supervised by the above mentioned people, I also declare that I understand that I will return no later than 18h00 on the Sunday of my requested date, and shall be drug tested upon my return at a cost of R 120.00, alternatively, you may bring a sealed 8 panel drug test on your return.

Resident: _____ Signature _____

Date _____

Staff member: _____ Signature _____

Date _____





REHAB IS FOR THE BRAVE

Weekend Out Information Form

Dear Parent/Sponsor

All family visits are earned on merit and have been approved by the management of Treatment centre. The right to have a family visit is however only permitted under the following criteria and conditions.

- The primary focus of a home visit is to identify areas of growth and expose areas requiring further treatment and exploration; these being areas of weaknesses, potential triggers and negative behavioural patterns that will put your loved one at risk of relapse in the future.
- The home visit is not a point of departure from Treatment centre and will return to the facility on the date and time designated and agreed upon by management family.

Please take note of the following rules:

- i. Residents should be under permanent supervision from their parent/sponsor, and not left alone at home etc.
- ii. Residents are not allowed to go to any bars, nightclubs etc.
- iii. Residents are not allowed to meet up with old friends and/or residents/ex-residents from Redemption Hill Ministries.
- iv. Residents are NOT ALLOWED TO DRINK ALCOHOL.
- v. Residents should be returned to the centre before 6pm on the Sunday evening of their weekend out.
- vi. The resident will be tested upon return from their weekend out, the cost of the test is R120 and should be paid as soon as the resident arrives back from their weekend out, alternatively, you may bring a sealed 8 panel drug test on your return.
- vii. If a resident should relapse by using alcohol and/or drugs on their weekend out, their program will start over and a new Payment Agreement will need to be signed by the parent/sponsor/family.
- viii. Residents are not allowed to handle money at any time on their weekend out.
- ix. Residents are not allowed to handle any phones/laptops/computers on their weekend out, and needs to refrain from any form of social media including but not limited to Facebook, Instagram etc.
- x. On the return to Treatment Centre all monies, parcels, medication and any items for the resident should be handed in at the office for inspection by a staff member.
- xi. Special care needs to be taken when the resident requires any form of medication or over the counter medicines are needed. It is also your responsibility to inform your healthcare practitioner of choice (i.e. doctor, pharmacist, primary health care clinic or dentist) about past addictions and addictive nature, and certain medication may result in a positive drug test.
- xii. Suggested medication:





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Respiratory

- Sinus: Iliadin nasal decongestant-spray, Drixine 0.05%, Sinuclear, Loratadine
- Colds & Flu: Med-lemon, Ascorbic Acid (Vit C)
 - Natural remedy: Mix 2 x disprins with 1 tsp honey, a squeeze of lemon and a bit of fresh ginger together and add half a cup of boiling water
- Cough syrup: Adco-Lincopent
- Sore/inflamed throat: Adolex C Throat spray, Strepsils
- Phlegm: ACC 200
- Allergies: Loratadine

Pains & Aches

- Headaches: Panado (paracetamol), Mypaid (mix of paracetamol & Ibuprofen)
- Muscular: Ibuprofen, Coxflam, Voltaren (tablet, suppositories, injections)
- Toothache: Clove oil, Mypaid

Digestive System

- Diarrhoea: Immodium (generic Betaperamide), Kantrexil
- Cramps: Hypospasmol, Buscopan
- Heartburn: Gaviscon, Spasmogel, Rennies
- Nausea: Emitex, Clopamon, Valoid

Remind the service provider of the addiction problem to avoid any medicines containing codeine, ephedrine, phenyl-ephedrine, pseudo-ephedrine, pethidine, morphine, alcohol or any other addictive substances that may be prescribed to you.

Signed at _____ on this the _____ day of _____ 20 ____

Resident Name: _____

Resident Signature: _____

Family/Sponsor Name: _____

Family/Sponsor Signature: _____

RH Staff Member: _____

RH Staff Member Signature: _____

