



Penryn College

Indemnity and Letter of Permission for Scholars to go on an educational tour / excursion for the period 1st January – 31st December 2012

1. I _____ (full name and surname)

Parent of _____
(full name, surname and ID no. of scholar) hereby:

- 2. Accept that all reasonable precautions will be taken to ensure the safety and welfare of my child and that I shall be held responsible for payment of medical and/or hospital expenses, where applicable, should an injury be sustained which cannot be ascribed to negligence on the part of the staff responsible.
- 3. Cede my powers as parent/guardian to the headmaster of the school or his representative should medical treatment or surgery be deemed necessary for my child in my absence, and where I cannot be contacted. As far as I know my child is in good health.
- 4. However, persons responsible should please note the following: (please state aspects that the teaching staff should be aware of, e.g. diabetes, allergies, epilepsy, abnormal bleeding etc.)

Chronic medication: _____

Previous operations: _____

5. **Medical Aid Information - A copy of both sides of Medical Aid Membership Card must please be returned with the document. The following information is essential in case of medical treatment or hospitalization:**

Main member name: _____ ID No.: _____

Name of medical fund: _____ Membership no. _____

***Boarders only:**

Pharmacy: Mopani / Riverside **Account No.:** _____
(Please circle)

6. Father Phone: _____ (h) _____ (w) _____ (cell)

Mother Phone: _____ (h) _____ (w) _____ (cell)

Name of Doctor: _____ (h) _____ (w) _____ (cell)

7. Please indicate which of the following medications your child may receive from the College:

Panado (Chewable and tablet form)	Allergex (Antihistamine)
Valoid Syrup / Tablet (Nausea)	Immodium Syrup/Tablets (Diarrhoea)
Scopex / Buscopan (Stomach cramps)	Strepsils (Throat lozenges)
Corenza C (Flu) *contains Aspirin	Rescue Remedy (Homeopathic medicine for shock / anxiety)
Corenza Para C (Flu) * contains Paracetamol	Venteze Inhaler

Signature of parent / guardian: _____

Date: _____