



Penryn College

### Letter of Permission for Scholars to go on an educational tour / excursion for the period 1<sup>st</sup> January – 31<sup>st</sup> December 2011

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. 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 / Buscapan (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: \_\_\_\_\_