



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 2008**

1. I \_\_\_\_\_ (full name and surname)  
Parent of \_\_\_\_\_  
(full name, surname and ID no. of pupil) hereby give permission for him / her to go on

- 2. I 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. I 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.)*

5. The following information is essential in case of medical treatment or hospitalization:

Name and address of employer: \_\_\_\_\_

Name of medical fund: \_\_\_\_\_ Membership no. \_\_\_\_\_

6. Father Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell)

Mother Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell)

Name of Doctor: \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell)

7. Medication required: \_\_\_\_\_

8. **A copy of both sides of Medical Aid Membership Card must please be returned with the document.**

9. 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: \_\_\_\_\_