



Penryn College

### Indemnity and 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 2019

1. I \_\_\_\_\_ (full name and surname)

Parent of \_\_\_\_\_ in Grade \_\_\_\_\_  
(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.: \_\_\_\_\_

Postal address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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 understand that according to the Medicines and Related Substances Act we are not allowed to administer medication of any sort unless it has been prescribed. When the health of your child is not optimal for whatever reason, all reasonable steps will be taken to get them to a medical practitioner. Furthermore, you will be contacted at this point.
- 8. The Head or, in his or her absence, a Deputy Head or proxy is in loco parentis for the scholar when that scholar's parents are away, or when they cannot be reached in sufficient time for urgent decisions to be taken regarding the health or welfare of the scholar concerned

Signature of parent / guardian: \_\_\_\_\_

Date: \_\_\_\_\_