

**SOUTH AFRICAN SCOUT ASSOCIATION  
GAUTENG AREA**



**CONSENT FORM**

To: The Scouter.....Scout Group

I, (Full names of Legal Guardian).....

of (Address).....

..... Postal Code .....

Tel. No: (.....)..... Cell No: .....

being the Legal Guardian of (Ward's full name) .....

hereby make formal application for my ward to take part in the activities connected with \*.....

held at.....

from ..... to .....

I hereby appoint and authorise the Scouter in charge to act in my place as Guardian with full authority to consent to my ward undergoing surgical or other medical treatment. I undertake to pay the cost of such treatment.

I fully understand and accept that all activities are undertaken at my ward's own risk.

I am aware that neither the South African Scout Association nor its Scouters accept responsibility for any loss, injury or damage that the person or property of my ward may sustain whilst engaged in any Scouting activity and I waive any right that I or my ward may have to claim compensation against the South African Scout Association or any of its Scouters or other members in respect of any loss, injury or damage incurred whilst engaged in any Scouting activity howsoever arising and I indemnify them against all claims.

SIGNED: .....  
(Legal Guardian)

WITNESS: .....

DATED this ..... day of ..... 20.....

\* Here insert: Competition/Camp/Hike/Expedition/Fun Day/Pack Holiday as the case may be.  
Comp-CF 04/00 (Use this form together with HC 04/00)

**SOUTH AFRICAN SCOUT ASSOCIATION  
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**HEALTH CERTIFICATE**

I certify to the best of my knowledge, my ward .....

A. Is not suffering from any physical disability or illness which makes it inadvisable to attend Camp, but I wish to draw your attention to the following:

.....  
.....  
.....

B. Is not suffering from any infectious disease and has not been in contact with anyone so suffering during the past 14 days.

.....  
.....  
.....

C. I **DO/DO NOT** give my permission to take part in any swimming activities.

.....  
.....

D. Name of Medical Aid: .....

Member's Medical Aid Number: .....

Name of Member: .....

E. Name of Doctor: .....

Doctor's Phone Number: .....

SIGNED: .....  
(Legal Guardian)

Telephone: (H): .....

(W): .....

(Cell): .....

<p><b>EMERGENCY CONTACT NUMBER</b> (i.e. A number where the Legal Guardian or a relative can be contacted during your ward's activity). TEL. N° (.....) CELL No ..... NAME: .....</p>
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DATED this ..... day of ..... 20 .....

Comp-HC 04/00 (Use this form together with CF 04/00)