

To the Provi	incial Comm	nissioner,	Scouter,
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I, (Full names of Parent / Legal Guardian)														
of (Address)														
Postal Code														
Home Telephone														
being the Parent / Legal Guardian of (minor child's full name), hereinafter referred to as 'Ward',														
a member of the Group,														
hereby permit him/ her to partake in the activity/camp referred to below														
Camp/Activity:														
Date/Duration														

I hereby appoint and authorise the Scouter, Chairman or Commissioner in charge to act in my place as parent/guardian with full authority to consent to my Ward undergoing surgical and/or medical treatment. I undertake to pay the costs of such treatment.

I hereby DO/ DO NOT give permission for my Ward to participate in any water activities. I fully understand and accept that all activities are undertaken at my Wards own risk.

I am aware that neither SCOUTS South Africa, nor its Chairmen, Commissioners, Scouters, agents, employees, volunteers or any person associated with SCOUTS South Africa accept responsibility for any loss, injury or damage that the person or property of my Ward may sustain whilst engaged in any Scouting, including *inter-alia* transport to and from the activity.

I hereby waive any right that I or my Ward may have to claim compensation against SCOUTS South Africa or its Chairmen, Commissioners, Scouters, agents, employees, volunteers or other members, in respect of any loss, injury or damage incurred whilst engaged in any Scouting activity howsoever arising and whether as a result of negligence or otherwise and I indemnify SCOUTS South Africa against all such claims.

I agree and authorize that photo's, statements, audio – visual recordings, video and sound bites taken, recorded and collected from my Ward during activities with SCOUTS South Africa may be used free of charge and at the discretion of SCOUTS South Africa as part of their marketing, communication and fundraising campaigns.

Signed: Mother/Father/Legal Guardian	Witness:													
Dated this	_ Day of	20												
Name Doctor		Tel No												
Preferred Hospital														
Medical Aid Scheme														
Medical Aid Number														
Med Aid Prinicpal Member														
Page 1/2														



In the case of an emergency it is vital that the Scouter and/ or person in Charge has as much personal information as possible. It is to your own benefit to fill this in completely and accurately!

Details of Scout

Full Names																												
ID Number]D	ate	of I	Birt	h	D	ay	Mc	onth	Y	ear		A	ge		
Allergies																												
Medication (specific times/dosage/etc)																												
Previous medi	ical	con	diti	ions	s or	any	/ ot	her	m	edic	al c	cond	ditic	ons	γοι	ı fe	el a	re	ofr	elev	vano	ce						
Infectious Dis	ease	es																										
Physical Disab	oilitie	es																										
Special Dietar	y Re	əqu	irer	ner	nts																							
Parents Cont	tact	De	etai	ils																								
					Fa	the	ers	De	tail	s						Mothers Details												
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Name																		
Home Phone																		
Work Phone																		
Cell Phone																		
Contact First (tick)																		
Alternatively conta	ct																	

Page 2/2