

37<sup>th</sup> Pretoria Springvale Scout Group  
Tshwane South

180 Springbok Street  
Wierdapark, Centurion, 0149  
PostNet Suite 218, Private Bag X 4, Rooihuiskraal, 0149



GAUTENG

Member of the World Organisation of the Scout Movement

### CONSENT FORM & HEALTH CERTIFICATE 2024

To: The Scouter in Charge: **37<sup>th</sup> PRETORIA SPRINGVALE 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 the:

#### MEERKAT / CUB / SCOUT PROGRAMME

To be held at: 37<sup>th</sup> Pretoria Springvale Scout Hall, 178 Springbok Street, Wierdapark

From: 1 November 2023 \_\_\_\_\_ To: 31 October 2024 \_\_\_\_\_

I hereby appoint and authorize 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 while all reasonable care will be taken, all activities are undertaken at my ward's own risk.

I am aware that neither the South African Scout Association nor any of 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 loss, injury or damage incurred whilst engaged in any Scouting activity, howsoever arising, and I indemnify them against all claims.

\* Delete whichever is **NOT** applicable

### HEALTH CERTIFICATE

#### 1) I certify that to the best of my knowledge, my ward:

a) Is not suffering from any physical disability or illness which would make it inadvisable for my ward to take part in the event detailed above, 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 suffering from any infectious disease in the last 14 days.

#### 2) I DO\* / DO NOT\* give permission for my ward to take part in swimming activities.

#### 3) Medical and Emergency Details:

a) Name of Medical Aid: \_\_\_\_\_

b) Member's Medical Aid No: \_\_\_\_\_

c) Name of member: \_\_\_\_\_

d) Name of Doctor: \_\_\_\_\_

e) Doctor's No: \_\_\_\_\_

f) Emergency Contact (Person other than legal guardian):

Tel No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Legal Guardian) (Witness)

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\* Delete whichever is **NOT** applicable