

Parent Consent and Indemnity Form Events & Activities

To the Regional Cor	nmissioner, Scouter:								
I, (Full names of Pa	arent / Legal Guardian)								
of (Address)									
, ,				Postal Code	::				
Home Telephone:] c	Cell Number:						
being the Parent /	Legal Guardian of:								
Child's full name:									
	(hereinaft	er referred to as 'Wa	ard')						
a member of the					Group)			
hereby permit him	/ her to partake in the activity/	camp referred to be	elow						
Camp/Activity:									
Start Date:		End Date: D D	MMVVVV						
L		Life Date. D D							
Location/Venue:									
parent/guardian w	and authorise the Scouter, C ith full authority to consent the costs of such treatment.		_						
•	NOT give permission for mactivities are undertaken at my	•	te in any water act	ivities. I full	y unders	stand			
Volunteers or any p	either SCOUTS South Africa, no person associated with SCOUTS property of my Ward may susta tivity.	South Africa accept	responsibility for a	ny loss, inju	ry or da	mage			
Chairman, Commis	y right that I may have in futussioners, Scouters, Agents, Emn ncurred whilst engaged in any rwise and I indemnify SCOUTS	ployees, Volunteers Scouting activity ho	or other member wsoever arising ar	s, in respec	t of any	loss,			
collected from my	ize that photos, statements, aud Ward during activities with S TS South Africa as part of their	COUTS South Africa	a may be used fr	ee of charg	e and a				
Signature Mother/Father/Legal Guardian:			Signature Witness:						
Date: D D M M Y Y Y Y Date: D D M M Y Y Y Y									
Medical Aid / Fan	mily Doctor Details:								
Name of Doctor:			Tel No:	 	$\overline{}$				
Preferred Hospital:									
Medical Aid Scheme									
Medical Aid Numbe									
Principal Member:	''								

E-mail: info@scouts.org.za Parent Consent May 2020 v1.3 Tel: 0860 SCOUTS Website: www.scouts.org.za



Details of Youth Member:

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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!

Full Names:							
ID Number:	Date of Birth:	M M	YY	Y	Age:		
Allergies:					_'		
Medication (specific times/c	osage/etc):						
Previous medical conditions	or any other medical conditions you feel are of relevanc	e:					
Physical Disabilities:							
•							_
Special Dietary Requiremen	rs:						
Special Bletaly Requirement							_
Infectious Diseases:							_
Tillectious Diseases.							
Parent/Guardian Contact	Details:						
Parent/Guardian Name:				Cont	tact Fi	rst:	
Contact Numbers:	lome: Work:						
(Cell:						
Parent/Guardian Name:				Cont	tact Fi	rst:	
Contact Numbers:	lome: Work:						
(Cell:			·			
Alternate Contact:							
Name:	Cell:						

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