



SOUTH AFRICAN SCOUT ASSOCIATION

PARENT CONSENT AND INDEMNITY

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To The Scouter In Charge 1st Stellenbosch Scout Group.

I, _____
being the parent / legal guardian of _____,
a member of the 1st-Stellenbosch Scout Group,
hereby request you to allow him to take part in a camp / excursion to be held at
Scout Hall meetings and other local (Day time) activities in the Helderberg District
from _____ to _____

I hereby appoint and authorise the Scouter in charge to act in my place as parent with full authority to consent to my son/daughter/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 son/daughter/ward own risk.

I am aware that neither the Scout Association of South Africa nor its Scouters accept responsibility for any loss, injury or damage that the person or property of my son/daughter/ward may sustain whilst engaged in any activity on the course and I waive any right that I or my son/daughter/ward may have to claim compensation against the Scout Association of South Africa or any of its Scouters or other members in respect of any loss, injury or damage incurred whilst engaged in any activity howsoever arising and whether as a result of negligence or otherwise and I indemnify them against all such claims.

Address _____

Signed _____
Legal Guardian

Date _____

I hereby give consent for my son/daughter/ward to participate in water activities (should there be any) at the above mentioned camp / excursion.

Signed _____
Legal Guardian

Date _____



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In the case of an emergency it is vital that the Scouter 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 _____ Date of Birth _____ Age _____

Allergies _____

Medication
(specify times /
dosage / etc) _____

Previous medical conditions or any other medical conditions you feel are of relevance

Infectious Diseases _____

Physical Disabilities _____

Special Dietary Requirements _____

Parents Contact Details

Fathers Details

Mothers Details

Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Contact First (tick)

Both_E-mails NB! _____

Doctor & Hospitalisation

Home Doctor _____

Phone _____

Preferred Hospital _____

Medical Aid _____

Membership No. _____