South African Scout Association
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SCOUTS® South Africa

WESTERN CAPE

Member of the World Organisation of the Scout Movement

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: .....

ID No. of Member: .....

E. Name of Doctor: .....

Doctor's Phone Number: .....

SIGNED: .....
(Legal Guardian)

Telephone: (H): .....

(W): .....

(Cell): .....

EMERGENCY CONTACT NUMBER
(i.e. A number where the Legal Guardian or a relative can be contacted during your ward's activity).
TEL. Nº (.....).....

CELL Nº .....

NAME: .....

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

be prepared....