



Kontiki - 2010

Team Number : _____

Troop / Company : _____

Scout District : _____

Consent & Health Detail

(Please complete in block letters)

To : The Scouter in charge - KonTiki 2010

I, (full Name of Legal Guardian)

Of (full Residential Address)

and (full postal Address)

being the Legal Guardian of (Ward's full name)

hereby make formal application for my ward to participate in **KonTiki 2009 from the 5th to the 7th**

March 2010 held at Murray Park, Springs and the activities associated & connected with it.

I hereby appoint and authorise the Scouter in charge to act in my place as Guardian, and if necessary to consent to my ward undergoing surgical or other medical treatment. I undertake to pay the cost of such treatment where required.

I fully understand and accept that all activities are undertaken at my ward's own risk.

I am aware that neither the South African Scout Association, nor its Scouters, accepts responsibility for any loss, injury or damage that the person or property of my ward may sustain whilst engaged in any KonTiki activity. 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 any loss, injury or damage incurred whilst engaged in any KonTiki activity howsoever arising and I indemnify them against all claims.

(*) Please delete that which does not apply

I certify to the best of my knowledge, my ward (full name)...

1. Is / is not (*) suffering from a physical disability or illness which makes it inadvisable for my ward to attend Kontiki 2008

(If "Is", please provide details)

2. Is / is not (*) suffering from any infectious disease and **has / has NOT (*)** been in contact with anyone so suffering during the past 14 days. (If "Is" and/or "has", please provide details)

3. I do / do not (*) give permission for my ward to take part in any water / swimming activities.

4. Is / is not (*) on the following medication. (If "Is", please provide details)

..

5. Does / Does not (*) suffer from an allergy / disability / health problem (If "does", please provide details)

..

SIGNED:

LEGAL GUARDIAN

WITNESS

DATED this **day of** **2009 at**

In case of an emergency during KonTiki 2010 my contact number and other details are:-

Contact Phone Numbers (Home) (Work)

(Cell Phone: Father)

(Cell Phone: Mother)

Name of Family Doctor:Phone:

Cell:

If you are a member of a Medical Aid or Special Hospitalisation Scheme please provide

Name of Medical / Hospitalisation Scheme

Medical Aid / Scheme number:

Name of Responsible Member: