



To the Regional Commissioner, Scouter:

I, (Full names of Parent / Legal Guardian)

of (Address)

Postal Code:

Home Telephone:

Cell Number:

being the Parent / Legal Guardian of:

Child's full name:

(hereinafter referred to as 'Ward')

a member of the Group

hereby permit him / her to partake in the activity/camp referred to below

Camp/Activity:

Start Date:

End Date:

Location/Venue:

I hereby appoint and authorise the Scouter, Chairman or Commissioner in charge to act in my place as parent/guardian with full authority to consent to my Ward undergoing surgical and/or medical treatment. I undertake to pay the costs of such treatment.

I hereby DO DO NOT give permission for my Ward to participate in any water activities. I fully understand and accept that all activities are undertaken at my Wards own risk.

I am aware that neither SCOUTS South Africa, nor its Chairman, Commissioners, Scouters, Agents, Employees, Volunteers or any person associated with SCOUTS South Africa accept responsibility for any loss, injury or damage that the person or property of my Ward may sustain whilst engaged in any Scouting, including *inter-alia* transport to and from the activity.

I hereby waive any right that I may have in future, to claim compensation against SCOUTS South Africa or its Chairman, Commissioners, Scouters, Agents, Employees, Volunteers or other members, in respect of any loss, injury or damage incurred whilst engaged in any Scouting activity howsoever arising and whether as a result of negligence or otherwise and I indemnify SCOUTS South Africa against all such claims.

I agree and authorize that photos, statements, audio visual recordings, video and sound bites taken, recorded and collected from my Ward during activities with SCOUTS South Africa may be used free of charge and at the discretion of SCOUTS South Africa as part of their marketing, communication and fundraising campaigns.

Signature Mother/Father/Legal Guardian: _____

Date:

Signature Witness: _____

Date:

Medical Aid / Family Doctor Details:

Name of Doctor:

Tel No:

Preferred Hospital:

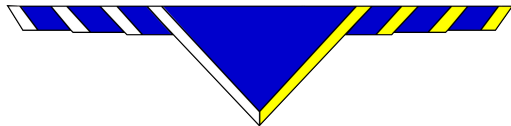
Medical Aid Scheme:

Medical Aid Number:

Principal Member:



be prepared



1st Midrand Scout Group
Sandton District, Gauteng Region

PRESCRIPTION MEDICATION FORM

Youth member's full name:	Youth member's date of birth:
---------------------------	-------------------------------

Please place all medication inside a **zip-lock bag**. Please mark the zip-lock bag with a permanent marker with the youth member's **FULL NAME** and the words "**PRESCRIPTION MEDICATION**" on the front of the bag. Please submit this form with the labelled zip-lock bag containing the medication to the **event First Aider** on arrival, during registration. Please ensure that the parent/guardian declaration below is complete and signed. Please complete multiple sheets if required. Wherever possible, please provide medication in **original packaging**, or provide the paper insert from the medication packaging. Please list the full medication name, not just the trade name.

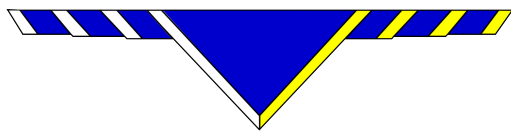
Medication Name	Medication Identification	Number Provided	Dosage
Example: Fexofenadine (Fexo) 180mg	Oblong yellow / orange tablets	4	180mg in the morning and in the evening
1.			
2.			
3.			
4.			
5.			
6.			

I, _____ (parent / legal guardian full name), parent or legal guardian of _____ (youth member's full name) authorise my child/ward to have the above listed prescription medication administered as instructed.

Signature:	Date:
------------	-------



be prepared



1st Midrand Scout Group
Sandton District, Gauteng Region

EMERGENCY MEDICATION FORM

Youth member's full name: _____ Youth member's date of birth: _____

Please place all medication inside a **zip-lock bag**. Please mark the zip-lock bag with a permanent marker with the youth member's **FULL NAME** and the words **"EMERGENCY MEDICATION"** on the front of the bag. Please submit this form with the labelled zip-lock bag containing the medication to the **event First Aider** on arrival, during registration. Please ensure that the parent/guardian declaration below is complete and signed. Please complete multiple sheets if required. Wherever possible, please provide medication in **original packaging**, or provide the paper insert from the medication packaging. Please list the full medication name, not just the trade name.

Seriousness rating of allergies:

- 1 – mild reaction
- 2 – mild reaction but can become serious so monitoring will be required
- 3 – serious reaction where time is of the essence and monitoring will be required
- 4 – serious reaction but can become life threatening where time is of the essence, severity may necessitate transfer to a hospital.
- 5 – life threatening reaction where time is of the essence and transfer to a hospital is required

NOTE: For severe asthma or allergy sufferers, two (2) inhalers or epi-pens must be provided. One is to be kept by the youth member on his/her person and the other kept by the designated event First Aider.

Medication Name	Medication Identification	Number Provided	Dosage	Allergy	Seriousness	Notes
Example: EpiPen Junior	Clear plastic "pen" with a blue and base and orange cap	2	Entire dose into thigh	Bee stings	4	Pull of blue safety release, swing and firmly push orange tip against outer thigh until click, hold for 10 seconds.
1.						
2.						
3.						

I, _____ (parent / legal guardian full name), parent or legal guardian of _____ (youth member's full name) authorise my child/ward to have the above listed medication administered as instructed in an emergency.

Signature: _____ Date: _____