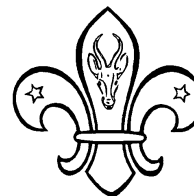


***SOUTH AFRICAN SCOUT ASSOCIATION***  
***GAUTENG AREA***



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: .....

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. N° (.....).....

CELL N° .....

NAME: .....

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