



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. **IDO/DONOT** 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):

DATED this day of 20.....

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:.....