



Parental declaration/approval



On the state of health of my son/daughter participating in the activities of the Scouts movement



Please mark the relevant activity

other sea Shevat hanhagas Shevat Course / Summer
 activities Day trip trip Seminar Camp

Please fill in the following details:

Place of activity: _____

Hanhaga: _____ Shevat: _____ Date range: _____

Full Name: _____ ID Number: _____

Grade: _____ Date of birth _____

Gender: Female male

I hereby declare that:

I am not aware of any health limitations that prevent my son/daughter from participating in activities held in the Scouts movement.

My son/daughter has health restrictions that prevent full/partial participation in the required activities as follows:

Physical activity

trips

physical activity

Description of the limitations: _____

Attached is a medical certificate issued by: _____ For a period of _____

My son/daughter has a chronic health disability (such as asthma, juvenile diabetes, epilepsy, etc.)

Attached is a medical certificate issued by: _____ For a period of _____

If there is an emergency/distress situation, contact the following contact: _____

Full Name _____ Phone Address _____ - _____



My son/daughter receives the following medication:

Type of drug _____ Method of treatment _____

Type of drug _____ Method of treatment _____

My son/daughter uses the following medical equipment on his own (inhaler, injection kit): _____

I hereby authorize my son/daughter to participate in an activity that includes bathing (pool/s/other ____)

(*please circle the right option *)

• My son/daughter knows/doesn't know how to swim.

• I do/don't allow my son or daughter to participate in a night bathing activity.

I hereby confirm that I have read the activity plan, I know all its details and I agree that my son/daughter will participate in it.

Parent's signature

Mobile

I.D

Parent's Name

Date

