



EASTERN CAPE HOUSE OF TRADITIONAL LEADERS

PARENT / LEGAL GURDIAN CONSENT FORM CUSTOMARY MALE INITIATION SUMMER SEASON 2021

Name of District / Kingdom	
Name of Traditional Council / Ward	
Name of Village / Township	
Name of the Parent / Legal Guardian	
Name of the boy	
Identity number of the boy (please attach certified ID copy)	
Age of the boy	
Did the boy undergo pre-screening? (General health standards and Covid 19)	
Where was the boy pre-screened (Please attach medical report)	
Have you received permission to conduct customary male initiation from Inkosi / uCeba	
If yes, provide name of Inkosi / uCeba	
Name of the appointed incibi	
Contact details of the appointed incibi (Address and Cellphone number(s))	
Is the appointed Incibi authorised to perform the custom by (Dept of Health, Inkosi, Community, Initiation Forum)?	
Name of the appointed Ikhankatha	



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Contact details of the appointed Ikhankatha (Address and Cellphone number(s))	
Is the appointed Ikhankatha authorised to perform the custom by (Dept of Health, Inkosi, Community, Initiation Forum)?	
Do you commit to closely monitor the boy's condition during the initiation period?	
Do you commit to provide PPE (Mask, Water, Soap) during the initiation period?	

I....., Identity number

fully commit myself as the Parent / Legal Guardian of.....

Identity number..... that I will abide by the terms and conditions

stated above to ensure my child's safety during the initiation period in question.

Name of the Parent / Legal Guardian

Signature of the Parent / Legal Guardian

Date