



Please mail to: Silver Lake Forest Education Society  
 Attention: Registration  
 Box 20023, Kelowna , BC V1Y 9H2

**2010 Camper Health, Medical & Media  
 Release Form**

Or Please Fax Completed Form to : 250-717-3231

For more information please contact:  
[directors@silverlakekidscamp.com](mailto:directors@silverlakekidscamp.com)  
 Or call  
 250-717-0033

*Camper Information*

Campers Name: (Please Print)		Parent/Guardian Contact:	
Address:	City:	Postal Code:	
Family Physicians Name:	Medical Care Card Number:	Physicians Office Phone	

*Parent / Guardian Information*

1) Full Legal Name:	Occupation:	Date:	
Home Street Address:		Home Telephone #:	
City:	Province:	Postal Code:	Cell Number:
Work:	Fax:	Camper Date of Birth:	Camper Age:
		Year                  Month                  Day	Camper is: <input type="checkbox"/> Male <input type="checkbox"/> Female

*General Health Information*

Please indicate if your Child is Subject to the following:

___ Colds	___ Asthma	___ Sinus Infection
___ Ear Infections	___ Sleep Walking	___ Sore Throat
___ Motion Sickness	___ Bed Wetting	___ *Allergies
___ Fainting	___ Fear of the Dark	___ *Other



\*Please describe (if necessary attach any other information with regards to the health, food or physical limitations, etc. of your child)

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If there is any other information which you feel would be of value to us concerning your child / concerns / problems that your child has regarding camp, please use this space to describe:

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Penicillin:	___ Yes	___ No	___ I don't know
Sulpha:	___ Yes	___ No	___ I don't know
***Bee Stings:	___ Yes	___ No	___ I don't know

\*\*\* (If **yes**, please bring your own epee pen.)

Other known Allergies:

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Has your child been exposed to any communicable disease in the past month? yes No

If yes, please explain:

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***Parent / Guardian Permission***

DO YOU HEREBY GIVE PERMISSION to have an anaesthetic, blood transfusion, or necessary surgery (stitches etc.) administered to your child, under suitable medical supervision (i.e. Hospital), in case an emergency should arise?

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Anaesthetic:	___ Yes	___ No
Surgery:	___ Yes	___ No
Blood Transfusion:	___ Yes	___ No

**Medication Information**

SLFES First Aid Attendant will collect medications if required for your child during registration on the first day of camp. Please have medications with you to provide to the First Aid Attendant and ensure they are adequately labelled.

I would like my child to be given the following medications while at camp:

Medication	Reason for taking	Quantity Received	Times to be taken
1)			
2)			
3)			
4)			

**Parent / Guardian Consent**

I hear by give my Consent for Campers Name (first and Last):	Camper Age:	Official Use Only:
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

*"I/We certify the information to be true and correct, and by signing below consents to the **said Child to attend The Silver Lake Forest Camp (SLFES) during specified dates.** I/We have read, understand and agree with the above terms and conditions." I consent to The SLFES to collecting, using and disclosing personal information in this document pursuant to the terms of The SLFES Privacy Policy which is available on line at: [www.silverlakekidscamp.com](http://www.silverlakekidscamp.com) The information collected on this form is in compliance with the BC Personal Information Protection Act and is used solely for camp registration, help ensure the safety and well being of campers and to provide your family with information on future events at SLFES. I also hereby give permission for any images of my child that may be taken at SLFES through video, photo and digital camera and any other means to be*



*used by the SLFES for promotional material, publications, and waive any rights of compensation and ownership thereof.*

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE MAIL/FAX THIS AND ALL OTHER NECESSARY FORMS TO THE ADDRESS ABOVE before your child attends their specified camp.**  
**PLEASE ATTACH A RECENT PHOTO OF YOUR CHILD TO THIS FORM (i.e. a wallet size school Photo. These photos are for emergencies only and will remain attached to this form.)**