



Silver Lake Forest Education Society –

2008 HEALTH FORM

Box 20023, Kelowna, BC - V1Y 9H2
Phone: 250.717.0033 Fax: 250.717.3231
www.silverlakekidscamp.com

Please print clearly when filling out the following form.

General Information

Camper's Name: _____ Age: _____
Please Print

Medical Care Card (Full Name on Card): _____

Medical Care Card Number: _____

General Health Information

Is your child subject to the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> Colds | <input type="checkbox"/> Asthma | <input type="checkbox"/> Sinus Infection |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Bed Wetting | *Allergies |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> 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)

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 let us know them:

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Campers Name: _____

Please Print

Allergies

Is your child allergic to?

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 know Allergies: _____

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

If yes, please explain:

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?

Anaesthetic: Yes No

Blood Transfusion: Yes No

Surgery: Yes No

Signature of Parent / Guardian:

Print Name: _____

Date: _____

BRING THIS FORM TO SILVER LAKE FOREST EDUCATION CENTRE ON REGISTRATION DAY.

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. Unless requested photos are not returned.)