



Silver Lake Forest Education Society –

2008 MEDICATION 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.

Camper's Name: _____
Please Print

Medication Information

The First Aid person will collect medications during registration on the first day of camp.

Please have medications with you and ensure they are adequately labeled.

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

Name of Medication: _____

Why it is being taken: _____

Quantity to be given: _____

Times: _____

Parent / Guardian Consent

I hereby give my consent for the staff at Silver Lake Forestry Camp to administer the above medications to my child _____ (first and last name).

Signature of Parent / Guardian:

Print Name:

Date: _____

Contact Phone #: _____