

MEDICATION INFORMATION FORM

Name of Camper (Please Print)	Date
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Medical concern:

Medication

Medication	Dosage	Frequency

Additional Information and Parental Permission:

Camp Leader:

Please indicate the time camper took medication and initial:

Days	Monday	Tuesday	Wednesday	Thursday	Friday
A.M. Time					
P.M. Time					

Name of Parent / Guardian	Signature	Date
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Name of Camp Leader	Signature	Date
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Freedom of Information and Protection of Privacy (FOIP) Statement

This personal information is being collected under the authority of section 33(c) of the FOIP Act and will be used by Community Services for the administration of the City of Edmonton "Daycamp Programs". All information collected by the City of Edmonton is protected by the provisions of the FOIP Act. You may direct questions about the collection, use or disclosure of your personal information by contacting the Program Manager for Recreation Facility Services at 496-2930.