

MEDICATION INFORMATION FORM

Name of Camper (Please Print)			Date		
Medical concern:					_
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Medication					
Medication	Dosage		Frequency		
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Medication	Dosage	•	Frequency		
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Additional Information and Parental Pe	rmission:	<u>.</u>			
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Camp Leader	SECTION OF THE PERSON OF THE P		AND THE STATE OF T		Y WY
Please indicate the time camper took m	edication and initial		Silk Port State Pictor	Color Biday Color	
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Name of Parent / Guardian	Signature		Date ·		Ī
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Name of Camp Leader	Signature .		Date		

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.