

Guardian Signature Sheet

Gong, Richard

JEMS Special Camp 2019
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Camper will receive the following medications/supplements at the indicated times:

| Time | Days | Medication | Purpose | Dosage | Frequency | Special Instructions | Initial |
|-----------|----------------------|---|--|---|---|---|---------|
| 9:00 am | Mo Tu We Th Fr Sa | Bio-Kult probiotic | promotes healthy digestion and immune system | 1 capsule | twice daily --with breakfast and dinner meal | SE--temporary increase in gas and bloating | |
| 9:00 am | Mo Tu We Th Fr Sa | Integrative Nutrivitamin Enzyme Complex, without iron | multivitamin, general nutritional health supplement | 1 capsule | twice daily with morning meal and evening meal | | |
| 9:00 am | Mo Tu We Th Fr Sa | Radiant Life Krill Extra | Fish Oil nutritional supplement | 1 capsule | twice daily with morning meal and dinner meal | | |
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| 6:00 pm | Su Mo Tu We Th Fr | Bio-Kult probiotic | promotes healthy digestion and immune system | 1 capsule | twice daily --with breakfast and dinner meal | SE--temporary increase in gas and bloating | |
| 6:00 pm | Su Mo Tu We Th Fr | Integrative Nutrivitamin Enzyme Complex, without iron | multivitamin, general nutritional health supplement | 1 capsule | twice daily with morning meal and evening meal | | |
| 6:00 pm | Su Mo Tu We Th Fr | Radiant Life Krill Extra | Fish Oil nutritional supplement | 1 capsule | twice daily with morning meal and dinner meal | | |
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| | | | | | | | |
| as needed | Su Mo Tu We Th Fr Sa | Diphenhydramine | allergy relief, antihistamine, itchy or allergic skin reaction | 1-2 capsules as needed for above symptoms | as needed every 4 hrs if needed; do not exceed 6 doses in 24 hrs. | SE--drowsiness, sedation, dizziness, incoordination, seizures, confusion, insomnia, headache vertigo, restlessness, palpitations, hypotension | |
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I acknowledge that the above medications listed are complete and accurate for the above camper.

signed: _____ relationship to camper: _____ date: _____