## Camper will receive the following medications/supplements at the indicated times:

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Time	Days	Medication	Purpose	Dosage	Frequency	Special Instructions	Initial
9:00 am	Mo Tu We Th Fr Sa	Acetyl L-carnitine	Nutritional supplement	500 mg/capsuledose is 1 capsule	three times daily		
9:00 am	Mo Tu We Th Fr Sa	Fish Oil	Nutritional supplement	1000mg/capsuledose is 1 capsule	twice daily		
9:00 am	Mo Tu We Th Fr Sa	Levonorgestrel / estradiol	to control menses	0.15-0.03 mg/1 tab dose is 1 tab	daily in AM	SEnausea, vomiting headache, stomach cramping, dizziness	
9:00 am	Mo Tu We Th Fr Sa	Miralax	prevent constipation	1/2 capful	twice daily breakfast and dinner	SEdiarrheaif this occurs, skip two days of miralax and restart at 1/4 capful twice daily. Give with a full glass of liquid.	
9:00 am	Mo Tu We Th Fr Sa	Vitamin D3	nutritional supplement	2000 IU/capsuledose is 1 capsule	once daily at breakfast		
12 noon	Su Mo Tu We Th Fr Sa	Acetyl L-carnitine	Nutritional supplement	500 mg/capsuledose is 1 capsule	three times daily		
6:00 pm	Su Mo Tu We Th Fr Sa	Acetyl L-carnitine	Nutritional supplement	500 mg/capsuledose is 1 capsule	three times daily		
6:00 pm	Su Mo Tu We Th Fr Sa	Fish Oil	Nutritional supplement	1000mg/capsuledose is 1 capsule	twice daily		
6:00 pm	Su Mo Tu We Th Fr Sa	Miralax	prevent constipation	1/2 capful	twice daily breakfast and dinner	SEdiarrheaif this occurs, skip two days of miralax and restart at 1/4 capful twice daily. Give with a full glass of liquid.	

2019-06-27

## Chua, Hannah

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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 pm	Su Mo Tu We Th Fr	Magnesium	nutritional supplement	400 mg/tabletdose is 1 tablet	daily at bedtimecan take half hour before with melatonin		
9:00 pm	Su Mo Tu We Th Fr	Melatonin	Nutritional supplement	1 mg/tabletdose is 1 tablet	daily at bedtimecan take half hour before		
as needed	as needed	Acetaminophen	mild pain relief	500 mg1 tablet	as needed every 4 hrs for pain; do not exceed 5 doses in 24 hrs.		

l acknowledge that the above medications listed are complete and accurate for the above camper.					
signed:	relationship to camper:	date:			