

Guardian Signature Sheet

Kanazawa, Curtis

JEMS Special Camp 2019

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

<i>Time</i>	<i>Days</i>	<i>Medication</i>	<i>Purpose</i>	<i>Dosage</i>	<i>Frequency</i>	<i>Special Instructions</i>	<i>Initial</i>
as needed	Su Mo Tu We Th Fr Sa	Chlorpheniramine	seasonal allergies	4 mg--1 tablet	as needed every 4 hrs for allergy symptoms--1 tablet	drowsiness, impaired motor function, dry mouth, blurred vision	

I acknowledge that the above medications listed are complete and accurate for the above camper.

signed: _____ relationship to camper: _____ date: _____

2019-06-19