

Guardian Signature Sheet

Kanazawa, Curtis

JEMS Special Camp 2019

Page 1

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: _____

2019-06-17