Guardian Signature Sheet

Chien, Stephen

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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 | Valsartan | anti-hypertensive | 160 mg/tabdose is 1 tablet | | SEdizziness, headache insomnia, fatigue, vertigo, hypotension | |
| | | | | | | | |
| | | | | | | | |

| i acknowledge that the above medicati | ons listed are complete and accurate for the abo | ve camper. | |
|---------------------------------------|--|------------|------------|
| signed: | relationship to camper: | date: | 2019-06-09 |