

Guardian Signature Sheet

Nagao, Lacey

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>
9:00 am	Mo Tu We Th Fr Sa	One A Day Multivitamin for Women	nutritional supplement	1 tablet	daily at breakfast		
9:00 am	Mo Tu We Th Fr Sa	Vitamin D3	nutritional supplement	1 soft gel	daily at breakfast	D3 125 mcg (500IU)	

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

signed: _____ relationship to camper: _____ date: _____

2019-06-11