

# Guardian Signature Sheet

Nishio, Marc

JEMS Special Camp 2019  
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Camper will receive the following medications/supplements at the indicated times:

| Time       | Days              | Medication             | Purpose                          | Dosage                            | Frequency                         | Special Instructions   | Initial |
|------------|-------------------|------------------------|----------------------------------|-----------------------------------|-----------------------------------|--|---------|
| 8:00 am    | Tu Th Sa          | Lomotil--EVEN days     | anti-diarrhea                    | 2.5 mg/tab --dose is 1 tablet     | three times daily                 |  |         |
| 8:00 am    | Mo We Fr          | Lomotil --ODD Days     | anti-diarrhea                    | 2.5 mg/tab --dose is 1 tablet     | twice daily                       | Odd days--twice daily dosing   |         |
| 8:00 am    | Mo Tu We Th Fr Sa | Omeprazole             | control heartburn                | 20 mg/capsule--dose is 1 capsule  | daily in am                       | SE--asthenia, dizziness, headache, abdominal pain, constipation, flatulence, nausea, rash              |         |
| 8:00 am    | Mo Tu We Th Fr Sa | Risperidone            | control of stimulatory behaviors | 0.5 mg/tab---1 tablet             | twice daily                       | SE--akathisia, somnolence, dystonia, headache, insomnia, agitation, anxiety, tachycardia, constipation |         |
|            |                   |                        |                                  |                                   |                                   |  |         |
|            |                   |                        |                                  |                                   |                                   |  |         |
| 9:00 am    | Mo Tu We Th Fr Sa | Calcium with Vitamin D | nutritional supplement           | 500 mg/tablet--dose is 1 tablet   | twice daily--breakfast and dinner |  |         |
| 9:00 am    | Mo Tu We Th Fr Sa | Vitamin D3             | nutritional supplement           | 1000IU/capsule--dose is 1 capsule | daily                             |  |         |
|            |                   |                        |                                  |                                   |                                   |  |         |
|            |                   |                        |                                  |                                   |                                   |  |         |
| 12:00 noon | Tu Th             | Lomotil--EVEN days     | anti-diarrhea                    | 2.5 mg/tab --dose is 1 tablet     | three times daily                 |  |         |
|            |                   |                        |                                  |                                   |                                   |  |         |
|            |                   |                        |                                  |                                   |                                   |  |         |
| 5:00 pm    | Su Tu Th          | Lomotil--EVEN days     | anti-diarrhea                    | 2.5 mg/tab --dose is 1 tablet     | three times daily                 |  |         |
| 5:00 pm    | Mo We Fr          | Lomotil --ODD Days     | anti-diarrhea                    | 2.5 mg/tab --dose is 1 tablet     | twice daily                       | Odd days--twice daily dosing   |         |
|            |                   |                        |                                  |                                   |                                   |  |         |
|            |                   |                        |                                  |                                   |                                   |  |         |

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

| Time      | Days                 | Medication                         | Purpose                          | Dosage                          | Frequency  | Special Instructions   | Initial |
|-----------|----------------------|------------------------------------|----------------------------------|---------------------------------|--|--|---------|
| 6:00 pm   | Su Mo Tu We Th Fr    | Calcium wtiH Vitamin D             | nutritional supplement           | 500 mg/tablet--dose is 1 tablet | twice daily--breakfast and dinner                      |  |         |
|           |                      |                                    |                                  |                                 |  |  |         |
|           |                      |                                    |                                  |                                 |  |  |         |
| 8:00 pm   | Su Mo Tu We Th Fr    | Montelukast (generic for Singular) | seasonal allergy control         | 10 mg/tab--1 tablet             | once daily at bedtime                                  | SE--headache, asthenia, dizziness, fatigue, conjunctivitis   |         |
| 8:00 pm   | Su Mo Tu We Th Fr    | Risperidone                        | control of stimulatory behaviors | 0.5 mg/tab---1 tablet           | twice daily  | SE--akathisia, somnolence, dystonia, headache, insomnia, agitation, anxiety, tachycardia, constipation |         |
|           |                      |                                    |                                  |                                 |  |  |         |
|           |                      |                                    |                                  |                                 |  |  |         |
| as needed | Su Mo Tu We Th Fr Sa | Lomotil                            | control diarrhea                 | 2.5 mg/tab --dose is 1 tablet   | AS NEEDED FOR DIARRHEA--AN ADDITIONAL 1 TABLET PER DAY | SE--drowsiness, dizziness, headache, restlessness, dry mouth, nausea, blurred vision                   |         |
|           |                      |                                    |                                  |                                 |  |  |         |
|           |                      |                                    |                                  |                                 |  |  |         |

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

signed: \_\_\_\_\_ relationship to camper: \_\_\_\_\_ date: \_\_\_\_\_

2019-06-09