

Guardian Signature Sheet

Chien, Stephen

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> |
|-------------|-------------------|-------------------|-------------------|------------------------------|----------------------------|-----------------------------------------------------------------|----------------|
| 9:00 am | Mo Tu We Th Fr Sa | Valsartan | anti-hypertensive | 160 mg/tab--dose is 1 tablet | once daily after breakfast | SE--dizziness, headache insomnia, fatigue, vertigo, hypotension | |
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| | | | | | | | |

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

signed: _____ relationship to camper: _____ date: _____

2019-06-11