

Guardian Signature Sheet

Nakagaki, Christine

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	Adult Multivitamn Gummies	nutritional supplement	2 gummies	once daily at breakfast		
9:00 am	Mo Tu We Th Fr Sa	Claritin Reditabs	control of seasonal allergies	10 mg/tablet--dose is 1 tablet	once daily at breakfast	SE--insomnia, dry mouth, headache, somnolence, nervousness, dizziness, fatigue	
6:00 pm	Su Tu Th	Miralax	constipation relief	17 grams/packet--dose is 1 packet. Dissolve in 4-8 oz fluid.	Dinner on Sunday, Tuesday, Thursday only	SE--nausea, abdominal cramping, bloating, upset stomach, gas, dizziness, increased sweating.	
as needed	as needed	Ibuprofen Jr. Strength	as needed for relief of menstrual cramps, fever	100 mg/tab--dose is 3 tablets; CHEWABLE	as needed for menstrual cramps or fever every 6-8 hrs if needed. Give with food.	SE--stomach upset, nausea, vomiting, headache, diarrhea, constipation, dizziness, drowsiness, easy bruising or bleeding.ringing in the ears.	

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

signed: _____ relationship to camper: _____ date: _____

2019-06-11