

Guardian Signature Sheet

Nagao, Lacey

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

signed: _____ relationship to camper: _____ date: _____

2019-06-17