

Guardian Signature Sheet

Hata, Randall

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 |
|---------|----------------------|-----------------|----------------------------|--|-----------------------|--|---------|
| 9:00 am | Mo Tu We Th Fr Sa | Docusate Sodium | stool softener | 250 mg/capsule--dose is 1 capsule | twice daily | | |
| 9:00 am | Mo Tu We Th Fr Sa | Fish Oil | nutritional supplement | 1000 mg/capsule--dose is 1 capsule | once daily in am | | |
| 9:00 am | Mo Tu We Th Fr Sa | Multi- Vitamin | nutritional supplement | 1 tablet | daily in AM | | |
| 9:00 am | Mo Tu We Th Fr Sa | Vitamin C | nutritional supplement | 500 mg/tablet--dose is 1 tablet | once daily in am | | |
| | | | | | | | |
| | | | | | | | |
| 6:00 pm | Su Mo Tu We Th Fr Sa | Crestor | cholesterol lowering agent | 20mg/tab--dose is 1 tablet | daily in pm. | SE--muscle weakenss, dizziness, headache, abdominal pain, constipatio, itching, rash | |
| 6:00 pm | Su Mo Tu We Th Fr Sa | Docusate Sodium | stool softener | 250 mg/capsule--dose is 1 capsule | twice daily | | |
| | | | | | | | |
| | | | | | | | |
| 9:00 pm | Su Mo Tu We Th Fr | Aquaphor spray | prevent skin dryness | spray to affected areas on arms and legs | daily after showering | Spray on caregiver's hands then apply to his arms and legs. | |
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|-------------|----------------------|--------------------------------|------------------------------------|---------------------|--------------------------------|---|----------------|
| as needed | Su Mo Tu We Th Fr Sa | Fluticasone 50 mcg Nasal Spray | relief of nasal congestion | 1 puff each nostril | as needed for sinus congestion | SE--nasal congestion, blood in nasal mucosa, nasal irritation | |
| as needed | Su Mo Tu We Th Fr Sa | Refresh eye drops | eye lubrication to prevent dryness | 1 drop in each eye | as needed for eye dryness | | |
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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