

Guardian Signature Sheet

Eugenio, Benjamin

JEMS Special Camp 2019

Page 1

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>
as needed	Su Mo Tu We Th Fr	Xyzal	treatment for sinus allergies	5 mg/tab--dose is 1 tablet	as needed for allergy symptoms at bedtime, if needed	as needed once per day. SE--fatigue, pyrexia, dry mouth, epistaxis, diarrhea, vomiting, cough. discontinue if urinary retention;	

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

signed: _____ relationship to camper: _____ date: _____

2019-06-11