Guardian Signature Sheet   **Peeler, Jennifer**

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	amphetamine salts	treatment for ADHD	5 mg/tab--dose is 3 tabs or 15 mg	twice daily breakfast and lunchtime	SE--restlessness, headache, dry mouth, uncontrollable shaking of a part of your body, constipation or diarrhea	
9:00 am	Mo Tu We Th Fr Sa	Oxybutynin	urinary antispasmodic	5 mg/tablet--dose is 1 tablet	twice daily--morning and evening	SE--dizziness, insomnia restlessness, asthenia, palpitations, tachycardia, vasodilation, constipation, dry mouth, urinary hesistancy urine retention, UTI	
12:00 noon	Mo Tu We Th Fr	amphetamine salts	treatment for ADHD	5 mg/tab--dose is 3 tabs or 15 mg	twice daily breakfast and lunchtime	SE--restlessness, headache, dry mouth, uncontrollable shaking of a part of your body, constipation or diarrhea	
6:00 pm	Su Mo Tu We Th Fr	Cephalexin Oral Suspension	antibiotic for prevention of bladder infection	250 mg/5mls. dose is 5 mls or 1 tsp.	daily in evening	SE--dizziness, headache, fatigue, agitation, confusion, hallucinations, anorexia, diarrhea, neutropenia, gastritis. Prolonged use can result in overgrowth of nonsusceptible organisms.	
6:00 pm	Su Mo Tu We Th Fr	Escitalopram Oxalate (Lexapro) oral solution	antidepressant;treatment for generalized anxiety disorder	5 mg/5 mls. dose is 20 mls.	daily every evening	SE--suicidal behavior, fever, insomnia, dizziness, somnolence, paresthesia, lighthedness, tremor, irritability, palpitations. Alert for serotonin toxicity: FEVER,MENTAL STATUS CHANGES,MUSCLE TWITCHING EXCSSIVE SWEATING, SHIVERING, SHAKING, DIARRHEA, LOSS OF COORDINATION.	
6:00 pm	Su Mo Tu We Th Fr	Oxybutynin	urinary antispasmodic	5 mg/tablet--dose is 1 tablet	twice daily--morning and evening	SE--dizziness, insomnia restlessness, asthenia, palpitations, tachycardia, vasodilation, constipation, dry mouth, urinary hesistancy urine retention, UTI	

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

signed: _____   relationship to camper: _____   date: _____

2019-06-09