CAMP CHIHOPI MEDICATION LIST: 2020

Camper's Name	Date of Birth		
Type of Transplant	Date of Transplant		
Reason for Transplant			
Allergies: □ no □ yes; please list:			
Seizure disorder: □ no □ yes	Diabetes: ☐ no ☐ yes		

Please list all medications your child will receive while at Camp (see example). Include special instructions under "Comments." Camp RNs will be responsible for administering meds from Thursday 1 PM to Sunday 3 PM. Please send enough medications for 4 days in the original pill bottles, a pill organizer or small individually labeled baggies with the date and time they are due. You will review your med list with a camp RN on August 13, 2020.

Medication	Dose	Route	Times	Comments
example: Magnesium	400 mg = 1 tab	by mouth	12 PM – 4 PM	Crush pill and give with yogurt

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