CAMP CHIHOPI MEDICATION LIST: 2019

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 11 AM to Sunday 3 PM. Please send enough medications for 4 days in 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 nurse at Registration on August 8, 2019.

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