Kappa Kidney Camp 2009

MEDICATION LIST - SECTION VI

To be completed by Camper / Family Member & Signed by a Physician

PLEASE PRINT

Camper Name: **Forms completed by:**

Name of Drug	Strength of medication	Amount of pills/injection	Dose	Frequency	Route	**If not every day**, what days to give at camp.
eg: Prednisone	**5 mg**	**2 pills**	**10mg**	**daily**	**by mouth**	
eg: Epogen	**20,000units/ml**	**0.5ml**	**10,000units**	**every other day**	**injection**	**M-W-F**

Form completed by: All the above information is correct

Nurse Signature: Date: Physician Signature: Date:

** Medications at camp are routinely given at 8am, noon, 5pm, 9pm. If the camper has medications that need to be given at specific times, please note and this will be reviewed by the camp medical physicians.