

ADDITIONAL COPIES OF THIS MED SHEET CAN BE FOUND AT OUR WEBSITE:
www.parkviewservices.org

CAMP PARKVIEW MEDICATION RECORD

**TYPE OR PRINT LEGIBLY and make sure med spellings are correct
 (Illegible forms may result in camper being able to come to camp)**

Please Mail Form, Current Picture of Camper and Camper Fees, Postdated by June 1st to:
 Camp Parkveiw
 17544 Midvale Ave S
 Ste LL
 Shoreline WA 98133

| | | | | |
|---------------------------|-----------------------|---------------------------|---|---|
| Name of Camper | Joseph Smitharoo | Number of Pages Submitted | | 2 |
| Person Filling Out Form | Candy Cane | Relationship to Camper | Residential Provider | |
| Phone | (206) 333-3333 | Email | candy@hotmail.com | |
| 24-Hour Emergency Contact | Same as Above | Phone | () Same as Above | |
| Physician | Dr. Ima Pair of Bones | Phone | (253) 777-7777 | |
| Known Drug Allergies | Sulfa Drugs | Other Med Alerts | Type II Diabetic Has Bee Sting Kit Lactose Intolerant | |

Please be very clear about dosage amounts, times of administration and add comments as needed. Please enter meds in the order they are to be given during the day, starting with AM meds and ending the form with HS meds, as appropriate. Please see sample form.

KEY
 AM: Meds administered before Breakfast
 Lunch: Meds Administered at Lunch
 Dinner: Meds Administered at Dinner Time
 HS: Meds Administered at Bed Time
 PRN: Meds Administered as Needed
 Route: PO - Administered orally

| MEDICATION | TIME OF DOSAGE | MG ETC. PER TAB/CAPSULE | #/TYPE OF TAB/CAPSULE | TOTAL DOSAGE | ROUTE OF DELIVERY |
|--|----------------|-------------------------|-----------------------|--------------|-------------------|
| Check Glucose Level Before Breakfast Daily | N/A | N/A | N/A | N/A | N/A |
| Ranitidine | AM | 80 | 2 Tabs | 160 | PO |
| Geodon | AM | 80 mg | 1 Tab | 80 mg | PO |
| Papaya Enzyme | Lunch | Unknown | 1 Capsule | 1 Capsule | PO |

