

*Please fill out
and
send to camp with your child.*



LATE CHANGES

Child's name: _____ Today's date _____

If your child has had a more recent blood count than the one already submitted, or has had changes made in medications or dosages, please supply us with this information.

Most recent blood count: Date _____

Hgb: _____ Hct: _____ WBC: _____ Plts: _____

Differential: _____

Please list all medicines which will be needed at camp.

<u>Medication Name & Strength</u>	<u>Dose</u>	<u>Route</u>	<u>Frequency</u>
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Oral Meds: _____

IV or IM Medication: _____

Has your child had contact with chicken pox during the last three weeks? ____ Yes ____ No

Please indicate any further information about your child's medical needs that you feel we should know.

