

2018 National Kidney Kids Camp  
Kidney Kids Medication Chart

Surname:	Parent Hospital:	UR:
Given Name:	Nephrologist:	
DOB:	Weight:	Camp Nurse:

Diagnosis: \_\_\_\_\_

Allergies:			Time	Thurs	Fri	Sat	Sun
Drug:	Dose:	Frequency & Route:		19/4/18	20/4/2018	21/04/18	22/04/18
Special Instructions:	Start Date:	MO Sign & Print:					
Drug:	Dose:	Frequency & Route:					
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Drug:	Dose:	Frequency & Route:					
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