



# 2010 Summer Music Institute

## Dietary & Medical Information Form

Name \_\_\_\_\_

*This information is very important for the welfare of your child.*

**Please return by June 15, 2010 to:** CCCC, PO Box 2518, Walnut Creek, CA 94595-0518

### Special dietary needs: (All meals are self-serve from cafeteria selection)

Please explain: \_\_\_\_\_

\_\_\_\_\_

### Medications – check below and fill out nurse's note

- My child has prescription medicine that should be dispensed by nurse or adult.
- My child has prescription medication and can take the dosage her/himself.
- I have sent attached note with the details for the nurse.
- I have sent over the counter medication and have enclosed a note stating doses etc.

### **Nurse's Note**

(Camper's first & last name) \_\_\_\_\_ is taking (list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

for (explain what the medication is for) \_\_\_\_\_

\_\_\_\_\_

Symptoms: \_\_\_\_\_

\_\_\_\_\_

Minimum dosage: \_\_\_\_\_

How many times per day: \_\_\_\_\_

Maximum dosage: \_\_\_\_\_

How many times per day: \_\_\_\_\_

(If needed, this form can be updated just before going to camp)