Photograph:

***Patient Drug Sheet***

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|---|---|---|---|
| **Doctor:** | Dr Sarah Smith | **Patient Name:** | Sam Green |
| **Allergies:** | Pollen | **Address:** | 10 Lake Street, Sydney, NSW, 2738 |
| **Date:** | 10/08/2026 | **D.O.B:** | 10/01/2013 |

***Please only include the medication that will be taken at camp.***

| Medications | Time | Date: | Date: | Date: | Date: | Date: | Comments |
|---|---|---|---|---|---|---|---|
| ***Methotrexate 20mg*** Route: ***Oral*** | **Friday AM** | | | | | | ***Once a week with food in the AM*** |
| Signature / Date: **Dr Sign** / **Dr Date** | | | | | | | |
| ***Naproxen 500mg Daily*** Route: ***Oral*** | **AM** | | | | | | ***1 tablet twice a day*** |
| | **PM** | | | | | | |
| Signature / Date: **Dr Sign** / **Dr Date** | | | | | | | |
| ***Ritalin 10mg Daily*** Route: ***Oral*** | **AM Daily** | | | | | | ***1 tablet daily*** |
| Signature / Date: **Dr Sign** / **Dr Date** | | | | | | | |
| Route: | | | | | | | |
| Signature / Date | | | | | | | |
| Route: | | | | | | | |
| Signature / Date | | | | | | | |

| Medications | | Time | Date: | Date: | Date: | Date: | Date: | Comments |
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