



### MEDICATION INFORMATION

Name: \_\_\_\_\_ may be given the following medications if needed while on this mission trip.

**1. Please check all medications allowed.**

\_\_\_\_\_ Benadryl

\_\_\_\_\_ Diarrhea Medication

\_\_\_\_\_ Neosporin

\_\_\_\_\_ Anti acid- Tums for upset stomach

\_\_\_\_\_ Tylenol

\_\_\_\_\_ Constipation medications

\_\_\_\_\_ Motrin

All personal medications will be carried by the individual unless otherwise noted.

**2. Indicate any prescriptions you want the leaders to be aware of or help remember to take while on the trip. All medications are confidential and will be handled discreetly.**

\_\_\_\_\_  
\_\_\_\_\_

**3. Last tetanus shot: \_\_\_\_\_ Date.**

If you have not had one in the past 8-10 years, plan to get one prior to this trip.

**4. Allergies: \_\_\_\_\_ and reaction \_\_\_\_\_.**

Epi-pen: \_\_\_\_\_ to be carried by the person.

**5. Use the space for any additional information that would be helpful for us to know to help your child.**

Signed by parent/ adult: \_\_\_\_\_ Date: \_\_\_\_\_