



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: _____