**Arcola UMC Medical 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_