



Name: _____

Medical Information

All medication needs to be in the **original bottle** and will be administered by a CARAVAN Nurse/Advisor

Medication 1: _____ Dosage: _____

When taken? Breakfast Lunch Dinner Before Bed As Needed

Type of illness being treated: _____

Medication 2: _____ Dosage: _____

When taken? Breakfast Lunch Dinner Before Bed As Needed

Type of illness being treated: _____

Medication 3: _____ Dosage: _____

When taken? Breakfast Lunch Dinner Before Bed As Needed

Type of illness being treated: _____

*For additional medications please attach a separate sheet of paper.

Please list below any allergies, surgeries any other restrictions of which Advisors should be aware of for this trip: _____

PLEASE MAKE SURE THAT THIS INFORMATION IS CURRENT BEFORE CARAVAN LEAVES ON JULY 31.