



Name: \_\_\_\_\_

# Medical Information

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

Medication 1: \_\_\_\_\_ Dosage: \_\_\_\_\_

When taken?  Breakfast  Lunch  Dinner  Before Bed  As Needed

Reason for medication: \_\_\_\_\_

Medication 2: \_\_\_\_\_ Dosage: \_\_\_\_\_

When taken?  Breakfast  Lunch  Dinner  Before Bed  As Needed

Reason for medication: \_\_\_\_\_

Medication 3: \_\_\_\_\_ Dosage: \_\_\_\_\_

When taken?  Breakfast  Lunch  Dinner  Before Bed  As Needed

Reason for medication: \_\_\_\_\_

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

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

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**PLEASE MAKE SURE THAT THIS INFORMATION IS CURRENT BEFORE CARAVAN PACKING DAY JULY 30.**