

FPCP Colina Mission Trip 2022
Info sheet for the nurse

Student Name _____ Age _____

Parent's phone number(s) _____

Emergency phone number(s) _____

Allergies (meds, food, environmental) _____

Any medical conditions I should be aware of _____

Meds to be taken during week (use back if necessary)

Name

Amount/Dose

Frequency

Time Given

Who will be administering meds?

Youth _____

Will your student need a reminder to take the meds? _____

Nurse _____

Anything special I need to know _____

Please send all meds in labeled pharmacy container

Permission to give over-the counter meds if needed

Ibuprofen (motrin/advil) Yes _____ No _____

Acetaminophen (tylenol) Yes _____ No _____

Benadryl Yes _____ No _____

Tums/Roloids Yes _____ No _____

Other _____ Yes _____ No _____

By signing below, I give permission to the trip nurse to administer the above noted medications and first aid for mild injuries/illnesses to my son or daughter, as needed.

Signature _____

Date _____