



EMBRACE CHALLENGE,
DISCOVER YOURSELF.

To be taken abroad
by group leader.

BRIEF MEDICAL HISTORY

Although the program sponsors do not require a medical examination by a physician, we strongly urge you to have one within the calendar year prior to the exchange. If you have any questions consult your family doctor.

Allergies: _____

Medications: _____

Asthma: _____ Medications: _____

Diabetes: _____ Medications: _____

Epilepsy: _____ Medications: _____

Other : _____ Medications: _____

The following is a list of OTC (over the counter) medications that we will stock in our first aid kit. Please circle yes or no next to each medication indicating whether or not we can administer it to your child. Circling yes gives us permission to administer the medication to your child at the dose as labeled on the bottle/package. This medication will only be given if your child requests it.

ADVIL/MOTRIN (ibuprofen)	YES	NO
TYLENOL (acetaminophen)	YES	NO
CLARITIN (Loratadine)	YES	NO
MIDOL (for menstrual cramps)	YES	NO
PEPTO BISMOL (bismuth subsalicylate)	YES	NO
COUGH DROPS (brand may vary)	YES	NO
NEOSPORIN (first aid antibiotic ointment)	YES	NO
DRAMAMINE-NON DROWSY (dimenhydrinate)	YES	NO

Should the student be restricted from any type of recreational activity? YES NO
If yes, please explain: _____

Note: If you are taking medication regularly, please bring a supply in the original bottle for OTC medications and prescriptions in the original labeled pharmacy bottle.

Any other pertinent information: _____