



Oral and Injectable Medication List

Instructions: Please fill out this form completely. In order to ensure all paperwork is uniform for each traveler, we do not accept other types of medication sheets.

Name of Traveler: _____

Name and Date of Trip: _____

Traveler's Home Time Zone*: _____

*****If traveler does not take any prescribed oral medications, please check here _____**

				Put an X in the box for when med. should be given**										Special Instructions (e.g. take w/ food, alternate medication time, etc...)
Oral Medications and # of pills per dose***	Reason for Medication	Mg per pill	Frequency	6a	8a	10a	12p	2p	4p	6p	8p	10p	HS	

* Please use traveler's home time zone for Medication times, we will adjust them for the destination as needed.

** If your medication time is not listed, either check the closest time or write time to be given in the "special instructions" box.

***** If more space is required, please make a copy of this form.**



Topical Medication List

Instructions: Please fill out this form completely. In order to ensure all paperwork is uniform for each traveler, we do not accept other types of medication sheets.

Name of Traveler: _____

Name and Date of Trip: _____

Traveler's Home Time Zone*: _____

Treatment/Topical Medications: Please only send medications that are absolutely necessary for the traveler during the trip.

			Put an X in the box for when med. should be given**										
Topical Medications***	Amount Used per Administration	Frequency	6a	8a	10a	12p	2p	4p	6p	8p	10p	HS	Special Instructions (e.g. wash area prior to application, after bathing, etc...)

* Please use traveler's home time zone for Medication times, we will adjust them for the destination as needed.

** If your medication time is not listed, either check the closest time or write time to be given in the "special instructions" box.

*** If more space is required, please make a copy of this form.



Comfort Medication List

Name of Traveler: _____

Name and Date of Trip: _____

Please provide the types of comfort medications and dose used by the traveler for the following symptoms/discomforts. Also include any special instructions such as if traveler has a history of falsely reporting illness, what flavor of medication is preferred, etc.

Fever/Pain: _____

Sore Throat: _____

Colds: _____

Constipation: _____

Diarrhea: _____

Upset Stomach: _____

Heart Burn: _____

These medications will be administered to the traveler if the need arises. Please do not pack comfort medications unless any of the mentioned symptoms/discomforts are expected to occur during the trip. If this is the case, please pack them and list them as PRNs with the traveler's daily medications. See our medical policy for more information.