



**Treatment/Topical Medication List**

Name of Traveler: \_\_\_\_\_

Name and Date of Trip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Ph: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Ph: \_\_\_\_\_

**Treatment/Topical Medications: \*Note- Please only send medications that are absolutely necessary for the trip.**

Medication	Amount used	Frequency	8a	12p	4p	8p	HS	Special Instructions (wash area first, etc.)

**If more space is required please use a separate sheet.**