

MEDICATION/ALLERGY INFORMATION



This form allows all retreat participants to notify PMA and it's staff members/retreat supervisors of all medications needed during the duration of the retreat. These medications should be indicated below and should be checked in per the retreat guidelines. This form can also be used to indicate any allergies to medications, food or other items that will help us prepare for safe meal times and overall experiences. Special requests may be included as needed.

Student First Name: _____ **Last Name:** _____ **D/O/B:** ____/____/____

MEDICATIONS:

- I will have an inhaler in my possession and will need to use it during the retreat
 - NO
 - YES Medication name + Dosage needed: _____
- I will have an EpiPen during the retreat and if needed will use it
 - NO
 - YES Medication name + Reason it would be needed/dosage: _____

- I am allergic to 1 or more medications
 - NO
 - YES Please List here: _____

FOOD ALLERGIES:

- I must avoid 1 or more food items because an allergic reaction may/will occur (nuts, gluten, etc.)
 - NO
 - YES
 - FOOD ITEMS: _____
 - ALLERGIC REACTIONS: _____
 - MEDICATION NEEDED: _____
- I must avoid 1 or more food items due to dietary/medical needs/preferences (dairy, cooking oils, meat, etc.):
 - NO
 - YES
 - FOOD ITEMS: _____
 - ALLERGIC REACTIONS: _____
 - MEDICATION NEEDED: _____

SPECIAL REQUESTS: _____