

**MEXICO MISSION TRIP  
SUPPLEMENTAL MEDICAL PERMISSION FORM  
FOR MINORS TRAVELING WITHOUT A PARENT**

Name: \_\_\_\_\_

I hereby authorize the medical personnel of the 2010 LAUMC Mexico Mission Trip to administer the following over-the-counter medicines or their generic equivalents to my child as necessary in normal dosages for his/her size during the 2008 LAUMC Mexico Mission Trip, April 10-17, 2010:

Tylenol (acetaminophen)	for pain, headache, fever
Motrin (ibuprofen)	for muscle pain, headache, fever
Mylanta (antacid tablets)	for indigestion, gas
Pepto-Bismol	for nausea, stomach upset
Immodium	for diarrhea
Bonine or Dramamine	for motion sickness
Benedryl	for hay fever or itching
Hydrocortisone cream	for rashes, insect bites
Neosporin (or triple antibiotic cream)	for prevention of infection in minor wounds
Tinactin (or fungus treatment cream)	for superficial skin fungi, such as athlete's foot

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date