

## West Virginia Mission Trip 2018

**Name of Participant:** \_\_\_\_\_

**Medications:** Please indicate name of medication, dosage, time of taking medicine, whether they take it with food, etc. If there is anything we need to know, please write it here.

**Food Allergies and Preferences:** Please indicate any food allergies or preferences below. Is your youth a vegetarian? Please let us know! Allergies to gluten, legumes, peanuts, tree nuts, or something else? Lactose intolerance? We would love to know in advance as we plan our menus for the trip. Please give specific suggestions of snacks/ meals that work for your youth. We will do our best to have the basics ready for each allergy requirement.