




Activity 1: “Is This a Medication?”

Discuss with your group and indicate with a check mark whether you think the following is an example of a medication or not.

| | Yes | No | Not sure |
|---|-----|----|----------|
| Cough Syrup  | | | |
|  Allergy Medication | | | |
| Band-Aids  | | | |
|  Hand Sanitizer | | | |
| Fever Medication  | | | |
| Coffee and Tea (Caffeine)  | | | |
|  Candy | | | |
| Asthma Inhaler  | | | |
|  Prescription Antibiotic Cream | | | |
| Lotion from a drug store  | | | |

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Discuss with your group and indicate with a check mark whether you think the following is an example of a medication or not.

| | Yes | No | Not sure |
|--|-----|----|----------|
|  <p>Sunscreen</p> | | | |
| <p>Pain Medication</p>  | | | |
|  <p>Toothpaste</p> | | | |
| <p>Nicotine in Cigarettes</p>  | | | |
|  <p>Insulin injection</p> | | | |
| <p>Vaccine</p>  | | | |
|  <p>Eye drops for infection</p> | | | |
|  <p>Medicated cream</p> | | | |
| <p>Lip balm</p>  | | | |