

**Resurrection Lutheran Church Youth Ministry**  
**Support documentation for medical permissions**

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**MEDICATIONS FORM**  
(to be filled out if needed)

NAME \_\_\_\_\_

Rx NUMBER \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_

DOCTOR'S PHONE NUMBER \_\_\_\_\_

AMOUNT TO BE GIVEN \_\_\_\_\_

DATES TO BE GIVEN \_\_\_\_\_

TIMES TO BE GIVEN \_\_\_\_\_

EATING REFERENCES \_\_\_\_\_

OTHER INFORMATION \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

(revised 03/2012)