



MEDICATION AND SUPPLEMENT LIST

In an effort to best help meet the needs of students at Learning Springs Academy, please list all medications and/or supplements your child may be taking either at home or at school. This will help guide our staff if we see changes in your child's behavior, appetite, mood, etc.

Student Information	Diagnosis	Allergies
Name:		
Date of Birth:		

Emergency Contact #1	Emergency Contact #2
Name:	Name:
Relationship:	Relationship:
Ph. Number:	Ph. Number:

Please list all prescription medications, over-the-counter medications and herbal supplements.

Start Dates	Medication/ Supplement	Dosage	Frequency	Reason	Possible Side Effects

Parent #1/Guardian #1 Printed Name: _____

Parent #1/Guardian #1 Signature/Date: _____ / _____

Parent #2/Guardian #2 Printed Name: _____

Parent #2/Guardian #2 Signature/Date: _____ / _____