MELIORA
making life better

MEDICATION INFORMATION FORM

All parents or guardians must provide medical information to the school nurse. Please complete the form below and return as soon as possible. Please notify us whenever there is a change to the information provided on this form. Thank you!

Student:		DOB:
Street Address:		
Primary Contact:	Primary Phone:	Secondary Phone:

Current Medications List

Medication Name	Dosage	Route of Administration ☐Oral ☐Rectal ☐Inhaled
Frequency:	Prescriber Name:	☐Topical ☐G-Tube ☐ IM ☐With juice or food

Medication Name	Dosage	Route of Administration ☐Oral ☐Rectal ☐Inhaled
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