



SHALOM COLLEGE ADMINISTRATION OF MEDICATION TO STUDENTS

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|---------------------|-------|
| STUDENT NAME: | PHOTO |
| YEAR LEVEL: | |
| CONDITION: | |
| NAME OF MEDICATION: | |

DURATION OF ADMINISTRATION: Ongoing or Dates Specified _____

METHOD OF ADMINISTERING THE MEDICATION:

| DOSAGE | TIME | DATE | ADMINISTERED BY: |
|--------|------|------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |

PARENT/GUARDIAN INFORMATION

Requested by: _____ Date: _____

Relationship: _____ Contact Phone Number: _____

Parent/Guardian Signature: _____

Unused medication to be returned to parent: YES / NO

OFFICE USE ONLY
TASS Input by: _____ Date: _____